

Family Last Name \_\_\_\_\_

**Our Savior Lutheran Church**

**PARENTAL PERMISSION, PERSONAL LIABILITY & MEDICAL & PHOTO RELEASE**

**Liability Release**--The undersigned, being the parent, guardian, or managing conservator of (Please list children's names):

\_\_\_\_\_  
\_\_\_\_\_

such child/children being under eighteen (18) years of age, does give permission for such child/children to participate in activities at, or sponsored by, the church named above (hereafter "the Church"). Being the legal and acting guardian of the child/children, and acting for myself and the on behalf of my child, I release and hold harmless the Church and its respective staff, employees, volunteers, agents and representatives of any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the child/children and/or the undersigned resulting from any cause whatsoever occurring to the child/children and/or myself at any time while attending any activity, including travel to and from any activity, excepting only such injury or damage resulting from willful acts of these individuals.

**Medical Release**— Being the natural parent (or legal guardian) of the above named minor child/children, I do hereby make, constitute and appoint Our Savior Lutheran Church as my true and lawful, attorney in-fact for the limited purpose of consenting to emergency medical treatment for the above named minor child, which consent shall not terminate on my physical or mental disability subsequent to the date of execution hereof. The foregoing consent shall be effective upon execution hereof and shall expire on this 5th day of June, 2023.

I voluntarily give permission for the Church to administer and/or obtain routine or emergency medical treatment for my child as deemed necessary under the circumstances.

Any further treatment will require parental or guardian consultation and consent. I agree to indemnify and hold harmless the Church and their respective staff, employees, volunteers, agents and representatives for any and all claims, demands, actions, rights of action, and/or judgments by or on behalf of my child and/or me arising from or on account of these procedures and/or treatment rendered in good faith and according to accepted medical standards. I also agree that I will be responsible for any financial debt incurred by the rendering of emergency medical treatment.

My child/children **does/do not** have any medical problems or special physical conditions, nor is my child allergic to any medicines to my knowledge, other than the following:

\_\_\_\_\_  
\_\_\_\_\_

**Marketing Release**—I understand that my child's picture, art, written work, voice, verbal statements or portraits (video or still) may appear in publicity or publications, videos or on the Church website. These pictures and items will not personally identify the child unless I specifically provide permission to do so. No monetary consideration will be paid. I understand that these pictures and items may be used by the Church in perpetuity, and that this agreement is binding upon heirs and/or future representatives.

I, on my own behalf and on behalf of my child, hereby warrant that I have read this Release in its entirety and fully understand its contents, and am aware that this form releases the Church from liability, and have signed this form of my own free will. I understand that this authorization shall be effective continuously from the date hereof until canceled by written notice to the Church. I agree to update this information in writing as the need arises.

\_\_\_\_\_  
Signature of Parent, Guardian or Managing Conservator

\_\_\_\_\_  
Date