

**2019-2020 SCHOOL YEAR**  
**ST MARK'S LUTHERAN CHURCH BY THE NARROWS**  
6730 N. 17th St., Tacoma, WA 98406  
253/752-4966

**PARENTAL CONSENT AND RELEASE OF ALL CLAIMS**

In consideration for being accepted by St. Mark's Lutheran Church by The Narrows for participation in all St. Mark's Youth Events, we(I) being eighteen years of age or older, do for trip/event ourselves(myself) and for and on behalf of our(my) child-participant, if said child is not eighteen years of age or older, do hereby release, forever discharge and agree to hold harmless St. Mark's Lutheran Church by The Narrows, the directors thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that may occur while said child is participating in the above described trip.

Furthermore, I(we) (and on behalf of our child-participant if under the age of 18 years) hereby assume all risk of personal injury, sickness, death or damage as a result of participation in recreational and work activities involved therein.

The undersigned further hereby agree to indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a physician or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to disciplinary action, for medical reasons or otherwise, we (I) hereby assume all transportation costs.

(Only participant need sign if 18 years of age or older. If under 18, both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign.)

\_\_\_\_\_  
Name of Participant (Please print)

\_\_\_\_\_  
Home Phone/Cell Phone

\_\_\_\_\_/Phone\_\_\_\_\_  
Parent Signature      Cell Phone \_\_\_\_\_

\_\_\_\_\_/Phone\_\_\_\_\_  
Parent Signature      Cell Phone \_\_\_\_\_

**TRIP PARTICIPANT ONLY**

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directors of the leadership of the trip.

\_\_\_\_\_/Phone\_\_\_\_\_  
Or Primary Parent      Cell Phone \_\_\_\_\_

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Participant if of legal age (18)  
(over)

## 2019-2020 PARTICIPANT MEDICAL QUESTIONNAIRE

NAME \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Are you currently being treated by a doctor for any condition? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Are you currently taking any medications or drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please name the medication, give dosage, frequency, and how administered.

Are you affected by any of the following?

heart trouble \_\_\_\_\_ cramps \_\_\_\_\_ asthma \_\_\_\_\_ frequent nosebleeds \_\_\_\_\_

special diet \_\_\_\_\_ food allergies \_\_\_\_\_ diabetes \_\_\_\_\_ seasonal allergies \_\_\_\_\_

fainting/dizziness \_\_\_\_\_ other \_\_\_\_\_

If you have checked any of the above, please explain.

Do you have allergic reactions to any insect bites (mosquito, bee, wasp, etc.)?

If yes, do you carry any medication for it? \_\_\_\_\_

Do you know of any condition which would affect your ability to participate in strenuous outdoor activity?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Last Tetanus Shot date: \_\_\_\_\_

### **In case of emergency, notify the following person:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

POLICY # \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

**Contact if parent/guardian can't be reached:** \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_