## Prince of Peace Lutheran Church Medical Consent and Liability and Activity Release Form

9320 Meadow Way, Everett WA 98208

Participant Name:			
Address:	City:	State:	Zip:
Home Phone #:	Cell/Work #:		
following activity:	r the above child, I hereby consent t  Vacation Bible School, June 23-27,		self (or child) in the
	Peace Lutheran Church, Everett, W		
and I declare that I am (or my child We, the undersigned parent(s) and my child's youth leader (and/or ar	provide primary accident and medic d) is covered by primary accident ar d/or natural guardians do hereby au ny other adult appointed or designat for my child,	nd medical insurance. uthorize Prince of Pea ted) consent to secur	nce Lutheran Church, re emergency
Physician's Name:	Insurance Con	npany:	
Policy #:Below I have listed any known alle treatment should be aware of:	ergies, medications or important me	edical information tha	It those giving
Emergency Contact Numbers and Name:	Names of Persons to Contact:  Phone #:		
Name:	Phone #:		
I release and forever discharge the, The Lutheran Church Everett WA, Their age other representatives from and all dam (or my child's) participation in, attenda and agree to indemnify and hold foreverservants, successors and assigns, Direct all present or future claims, demands of anyone on behalf of me or my child, or on account of any injury, illness, physic travel to and from the same.	e NALC Youth Ministry, The North Americ ents and servants, successors and assigns nages and causes of actions either at law ence at, and travel to and from said event er harmless the Synod, Prince of Peace Li tors, Trustees, Officers, Employees and o or actions in equity that may hereafter be by anyone else on their own behalf for call condition, inconvenience or loss susta	, directors, trustees, offi or in equity, That I may t. Furthermore, I do here utheran Church Everett b other Representatives ag e made or brought by me damages or any other leg	icers, employees, and have as a result of my eby expressly stipulate, WA, Its agents and sainst loss from any and e or my child, by gal or equitable remedy
Χ	Date:		

## **Photo Release for Minors**

For valuable consideration I hereby give to **Prince of Peace Lutheran Church Everett, WA** the absolute and irrevocable right and permission with respect to the photographs that he/she has taken of my minor child in which he/she may be included with others:

- a) To use, reuse, publish and re-publish the same in whole or in part, separately or in conjunction with other photographs, in any medium now or hereafter known, and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion, advertising and trade, and;
- b) To use my name or my child's name in connection therewith if he/she so decides.

I hereby release and discharge **Prince of Peace** from all and any claims and demands ensuing from or in connection with the use of the photographs, including any and all claims for libel and invasion of privacy.

This authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of the photographer as well as the person(s) for who he/she took the photographs.

I have read the foregoing and fully understand the contents hereof. I represent that I am the [parent/guardian] of the named child/minor below. For value received, I hereby consent to the foregoing on his/her behalf.

Dated	l:
Minor	r's Name:
Paren	t or Guardian's Name:
Signat	ture of Parent/Guardian:
<u>If yo</u>	ou do not wish for us to use photos of your child, please let us know below:
	e read this release and do not give Prince of Peace Lutheran Church Everett, WA permission to use the ographs that he/she has taken of my minor child in which he/she may be included with others, nor:
c)	To use, reuse, publish and re-publish the same in whole or in part, separately or in conjunction with other photographs, in any medium now or hereafter known, and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion, advertising and trade, nor;
d)	To use my name or my child's name in connection therewith if he/she so decides.
Dated	i:
Minor	r's Name:
Paren	t or Guardian's Name:

Signature of Parent/Guardian: