



Permission & Waiver Form

Student Name (s): _____

Permission for Photography & Video

You may take photographs/video of my child/children. This includes live streaming, social media and YouTube.

Printed Name of Parent/Guardian: _____

Signed: _____ Date: _____

Waiver & Medical Permission Form

I understand that, while the teachers, helpers and leaders of Lutheran Church of Our Saviour will take precautions to ensure the safety of all children while they are engaging in activities at LCOS and off-site, I will not hold them liable for any injury or cost incurred by injury during activities .

I acknowledge that it is my responsibility to advise Lutheran Church of Our Saviour of any medical or health concerns of my child that may affect his/her participation in activities.

I consent that, in the case of an emergency, Lutheran Church of Our Saviour, through its employees, agents and volunteers may secure such medical advice and services as those individuals, in their sole discretion, may deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services.

I have read the above and agree to the conditions.

Printed Name of Parent/Guardian: _____

Emergency Phone: _____ Email: _____

Signed: _____ Date: _____