

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 #: _____

As the parent or legal guardian for the above child, I hereby consent to participation of myself (or child) in the following activity:

Vacation Bible School, July 22-26, 2019

at Prince of Peace Lutheran Church, Everett, WA 98208

I understand that I have a duty to provide primary accident and medical insurance for myself (or for my child) and I declare that I am (or my child) is covered by primary accident and medical insurance.

We, the undersigned parent(s) and/or natural guardians do hereby authorize Prince of Peace Lutheran Church, my child's youth leader (and/or any other adult appointed or designated) consent to secure emergency medical, surgical and dental care for my child, _____.

Physician's Name: _____ Insurance Company: _____

Policy #: _____

Below I have listed any known allergies, medications or important medical information that those giving treatment should be aware of:

Emergency Contact Numbers and Names of Persons to Contact:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

I release and forever discharge the, The NALC Youth Ministry, The North American Lutheran Church (Synod) Prince of Peace Lutheran Church Everett WA, Their agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives from and all damages and causes of actions either at law or in equity, That I may have as a result of my (or my child's) participation in, attendance at, and travel to and from said event. Furthermore, I do hereby expressly stipulate, and agree to indemnify and hold forever harmless the Synod, Prince of Peace Lutheran Church Everett WA, Its agents and servants, successors and assigns, Directors, Trustees, Officers, Employees and other Representatives against loss from any and all present or future claims, demands or actions in equity that may hereafter be made or brought by me or my child, by anyone on behalf of me or my child, or by anyone else on their own behalf for damages or any other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience or loss sustained by me or my child during the said event or travel to and from the same.

X _____ 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: _____

Minor's Name: _____

Parent or Guardian's Name: _____

Signature of Parent/Guardian: _____