

# LIABILITY RELEASE & AUTHORIZATION FORM

## Release of All Claims

In consideration for being accepted by St. Peter's Lutheran Church for participation in Church sponsored trips and activities, we (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless St. Peter's Lutheran Church and 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 occur while said child is participating in church sponsored trips or activities.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and 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, including expenses incurred attendant thereto.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to our (my) child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by St. Peter's Lutheran Church.

Student(s) Name: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Date: \_\_\_\_\_

# 4<sup>th</sup> & 5<sup>th</sup> Grade VBS Roar Adventure

What: Field Trip to be determined  
When: Wednesday, June 12  
Where: Meet & pick up: St. Peter's School Lobby  
Bring: Sack Lunch/drink with name on it, wear sneakers

Fee: \$xx to be determined (scholarships available, please contact Mrs. Peters or Mrs. Clark)

This Wednesday event is for all VBS participants who have completed 4<sup>th</sup> & 5<sup>th</sup> grade. You **MUST** have this permission slip, a medical release form completed and signed in order to attend. **No exceptions.**

Parents, please be prompt in picking up your child at \_\_\_\_\_ St. Peter's school entrance.

----- Cut here, send in the bottom, keep the top -----

I am interested in chaperoning this event. Name \_\_\_\_\_

**All parents attending must be CPP Trained.**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Grade \_\_\_\_\_

## **Permission slip and Medical Release form must be returned by June 11<sup>th</sup>**

My Child has permission to participate in this activity. In the event of a medical emergency when I, the parent or legal guardian cannot be reached, I hereby authorize the counselor/coordinator of the event, to secure the necessary medical treatment at any hospital, clinic or doctor's office. I also agree that in no way the church or churches' counselor/coordinator; will be held liable for actions taken in good conscience, and according to standard first aid procedure, in an emergency situation.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Front and Back must be completed**