

Bethany Lutheran Church Event Release Form

110 W. Austin St. Fredericksburg, TX 78624 (830)997-2069

Pastors: Casey Zesch & Travis Meier Youth Director: Matt White

Effective Dates: September 2013 to September 2014

Please print in ink. Each participant (including adults) must have this form on file to participate in activities.
Please fill out accordingly. (Example – adults do not need to fill out your 'grade in school')

Participant's Info:

Name: _____ Age: _____ Birthday: _____

Grade in school: _____ Male Female Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Text Message: Yes No

Medical Insurance Company: _____ Policy # _____

PLEASE ATTACH A COPY OF PARTICIPANT'S HEALTH INSURANCE CARD

Parent/Guardian Info:

Mother's Name: _____ Phone: Home _____ Text Message: _____
Work _____ Cell _____ Yes No

Father's Name: _____ Phone: Home _____ Text Message: _____
Work _____ Cell _____ Yes No

Emergency Contact: _____ Phone: Home _____
Work _____ Cell _____

Physician: _____ Office Phone: _____

Dentist: _____ Office Phone: _____

Medical History:

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability or condition to which the participant is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof.

Check the following areas of concern for this participant. If necessary, attach another page with details.

- For the participant's safety and our knowledge, is he/she a:
 good swimmer fair swimmer non-swimmer
- Does the participant have any allergies to any of the following? If yes, please list:
 pollens medications food insect bites
- Does the participant suffer from, or has ever experienced, or is being treated for any of the following:
 asthma epilepsy/seizure disorder Heart disorder
 diabetes frequently upset stomach other _____
- Date of last tetanus shot: _____
- Does the participant wear: glasses contact lenses hearing aid braces/retainer
- Please list and explain any major illnesses the participant experienced during the last year:

7. Should the participant's activities be restricted for any reason? Please explain:

8. Please list the medications the participant takes regularly. Please include all pertinent information, including dosage, times taken etc.

If medications will be taken during a Youth Event they must be turned in to Matt White prior to the event and he will distribute them at the times indicated on prescription labels.

Participants are expected to conform to the following rules at all times during a BLC Youth Event:

- No possession or use of alcohol, drugs or tobacco products.
- No students can drive except when authorized by their parent/guardian and Matt White.
- No fighting, weapons, fireworks, lighters, explosives or anything else that can be used as a weapon.
- No offensive or immodest clothing. Please honor God and each other with what you wear.
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters.
- Participation with the group is expected.
- Honor God, each other and yourself in all that you do.
- Respect one another, leaders and staff
- Respect and comply with event schedules

Participants who fail to comply with these expectations may be sent home at their parents' expense.

I, the participant, have read the rules of conduct, the above evaluation of my health and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Participant's signature: _____ Date: _____

Release and Indemnity Agreement

_____ *has my permission to attend all activities sponsored or participated in*
Participant's name
 by Bethany Lutheran Church and to ride with drivers designated by the pastor, employee, staff, chaperon, agent or other volunteer of Bethany Lutheran Church.

I also grant permission to the staff member in charge of the event or his/her designee to seek and authorize medical attention for the named participant and release Bethany Lutheran Church, its pastors, employees, church council, volunteers, agents, and chaperons from any and all liability for personal injury, death and damages suffered by the named participant and agree to indemnify and hold harmless Bethany Lutheran Church, its pastors, employees, church council, volunteers, agents, and chaperons from any and all liability for personal injury, death and damages suffered by the named participant.

I authorize and direct Bethany Lutheran Church, through its pastors, employees, staff, agents, chaperons and volunteers to consent to any and all medical and other emergency services the pastor, employee, staff member, agent, chaperon, and/or volunteer, in his or her sole discretion, may deem necessary or desirable for my child or other person over whom I have legal custody or guardianship. In the event of emergency transportation and/or treatment by a physician or other health care professionals, I release Bethany Lutheran Church, its pastors, employees, council, staff, chaperons, and volunteers from any and all claims, demands, or suits for all bodily injury, death or damages arising from or out of the giving of such consent and the rendering of such transportation or health care services to my child or person over whom I have legal custody or guardianship.

I acknowledge and agree that I will be responsible for the cost of all transportation and health care services rendered my child or person over whom I have legal custody or guardianship and agree to indemnify and hold harmless Bethany Lutheran Church, its pastors, employees, council, staff, agents, chaperons, and volunteers from the cost of all transportation and health care services rendered my child or person over whom I have legal custody or guardianship. I further affirm that the health insurance information provided by me is accurate at this date and will be in force for my child or legal ward at the time of the event in which he or she is participating. I also agree to be solely responsible for the payment of all transportation expenses associated with bringing my child or other person over whom I have legal custody or guardianship home should they become ill or if deemed necessary by the pastor, staff, employee, chaperon, volunteer or other person in charge of the event.

Parent/Guardian Signature: _____ Date: _____