

MEDICAL RELEASE AND GENERAL PERMISSION FORM

Name of Participant (please print) _____

Address _____

Phone Number _____

Date of Birth _____ Age _____

1. Participant is allergic to: _____
2. Please list any restrictions on diet or exercise: _____
3. Does the participant have any special needs or problems? If so, please list:

4. Is the participant on regular medication? If so, please list the drugs, dosages, frequency and any instructions:

Please note that no drugs are to be brought to youth events other than those listed above.

RELEASE OF ALL CLAIMS

In consideration of being accepted by the North Carolina Synod, ELCA for participation in youth ministry events,

I (we) do for myself (ourselves) and on behalf of my child/participant do hereby release, forever discharge, and agree to forever hold harmless the North Carolina Synod, ELCA, the employees, and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by me or my child/participant resulting from said child's participation in the synod sponsored youth events, including travel, recreation and all associated activities.

Further, I (we) (and on behalf of our child/participant under 18 years of age) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. I also understand that staff and volunteers are not responsible for the administration of prescribed medication and I (we) have made private arrangements for any medication taken on a daily schedule by my child/participant.

I (we) am (are) the parent(s) or legal (guardians(s) of this participant, and hereby grant my (our) permission for him/her to participate fully in said youth events, and give my (our) permission to take said participant to a doctor or hospital, share the above medical information and authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume responsibility of all medical bills incurred by my child.

I (we) give permission for my child to receive over the counter medication such as Tylenol, ibuprofen, antidiarrheal medication, antibacterial ointment, throat lozenges, eye wash solution, and the like.

I (we) also release the participant's name as part of an information database for the synod and ELCA related entities, and grant the synod and ELCA unrestricted rights to use, alter, and reproduce any images (still and video) from the event, in any medium without compensation.

Parent's/Guardian's signature: _____ Phone: _____ Date: _____

Participant's signature (if over 18): _____ Phone: _____ Date: _____

Emergency contact: _____ Phone: _____ Date: _____

Name and address of insurance company: _____

Member #: _____ Group #: _____

Policy Holder Name: _____