

YOUTH ACTIVITY PERMISSION  
WAIVER OF LIABILITY AND MEDICAL RELEASE FORM

*Grace Lutheran Church, 1787 Klerner Lane, New Albany, Indiana 47150  
(812)944-1267*

I, the undersigned, do hereby grant permission to representatives of Grace Lutheran Church to provide transportation and supervision for my minor child during youth group activities. It is my expectation that my child and the church supervisory staff will conduct himself/herself/themselves in an orderly, respectful and Christian manner.

By my signature I affirm that I understand and acknowledge that transportation and supervision of my minor child in the course of a youth group activity involves leaving Church grounds, and may involve unforeseen risk and dangers incidental to life in today's society that could result in damage to or loss of personal property, personal injury or loss of life.

In consideration of Grace Lutheran Church's assumption of supervision of my minor child, I, for myself, my spouse, family, heirs, executors, administrators, legal representatives and assigns, hereby release, waive and forever discharge Grace Lutheran Church, its representatives and its agents (collectively, "Releasees"), from any and every claim, liability, demand, action or cause of action, of whatever kind or nature, either in law or in equity, arising from or by reason of any property loss or damage, bodily injury or injuries known or unknown or death occurring during, growing out of, incidental to, or resulting directly or indirectly from Grace Lutheran Church's supervision of my minor child, whether due to the fault or negligence of Releasees, circumstances beyond Releasees' control, or otherwise.

I expressly and voluntarily assume all risk of personal injury, death or property damage sustained during Grace Lutheran Church's supervision of my minor child, whether due to fault or negligence of Releasees, circumstances beyond Releasees' control, or otherwise.

I agree to indemnify Releasees from any loss, liability, damage or cost occurring during, growing out of, incidental to, or resulting directly or indirectly from Grace Lutheran Church's supervision of my minor child, including but not limited to, medical treatment, property damage, personal injury and attorney's fees.

I understand that it is my responsibility to obtain medical insurance for my child to cover any medical expenses occurring during, growing out of, incidental to, or resulting directly or indirectly from Grace Lutheran Church's supervision of my minor child.

I, the undersigned, do also hereby grant Grace Lutheran Church, its representative and its agents, permission to authorize medical treatment on my child's behalf, including, but not limited to, administration of antibiotics, anesthesia, and other medications, transfusions or blood products, lifesaving and other necessary surgical procedures and hospitalization, in the event that I am unable, for any reason, to authorize or approve such treatment on my child's behalf. I further agree to indemnify Grace Lutheran Church, its representatives and its agents for any and all cost relating to or arising out of any such medical treatment.

I hereby grant permission for Grace Lutheran Church to use my child's likeness in a photograph in any and all of its publications including but not limited to all printed and digital publications. I acknowledge that I will not be financially compensated.

This document contains the entire agreement between parties. The terms of this document are contractual and not a mere recital. I have carefully read the foregoing document, having been fully advised of the potential consequences of Releasees' supervision of my minor child. I am fully aware of the legal consequences of signing this document and have signed it on my own free will.

On behalf of my minor child

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*Parent's signature*

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*Date*

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*Full name of minor child (print)*

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*Date of Birth*

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*Parent's telephone number      Emergency telephone number*

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*Minor child's primary physician and telephone number (print)*

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*Minor child's dentist and telephone number (print)*

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*Name of medical insurance company (print)*

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*Medical insurance policy number*

**Please attach a copy of the INSURANCE CARDS that document medical and/or dental insurance coverage for your minor child. Please complete the back of this form indicating any and all medical information about which Grace Lutheran Church and/or medical professionals should be aware, including but not limited to know allergies, current medications, special medical conditions, etc.**

**Emergency Medical Information**

Does the minor child have/subject to/reaction to: (if "yes", please explain!)

YES NO

\_\_\_\_ Allergies? \_\_\_\_\_

\_\_\_\_ Heart Condition? \_\_\_\_\_

\_\_\_\_ Headaches? \_\_\_\_\_

\_\_\_\_ Seizures? \_\_\_\_\_

\_\_\_\_ Motion Sickness? \_\_\_\_\_

\_\_\_\_ Fainting? \_\_\_\_\_

\_\_\_\_ Sleep Walking? \_\_\_\_\_

\_\_\_\_ Upset Stomach? \_\_\_\_\_

\_\_\_\_ Bee Stings? \_\_\_\_\_

\_\_\_\_ Penicillin? \_\_\_\_\_

\_\_\_\_ Other drugs? \_\_\_\_\_

\_\_\_\_ Poison Ivy, Oak, Sumac? \_\_\_\_\_

\_\_\_\_ Any serious illness or surgery in the last ten years? \_\_\_\_\_

\_\_\_\_ Any conditions which would limit participation during any function? \_\_\_\_\_

\_\_\_\_ Are any drugs ineffective for treatment? \_\_\_\_\_

\_\_\_\_ Does the minor child have sight or hearing impairment? \_\_\_\_\_

\_\_\_\_ Does the minor child wear contact lenses? \_\_\_\_\_

\_\_\_\_ Is the minor child diabetic? \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Blood type: \_\_\_\_\_

Please indicate anything else that Grace Lutheran should be aware of:

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