

OSLC Release of Liability Form

Our Savior's Lutheran Church, Stillwater, MN



All Activities and Events for the following Youth & Faith Formation Year: 20__ - 20__

STUDENT Information

Name of Participant:	Age:	Date of Birth:
Street Address:	Grade:	School:
City, State, Zip Code:	<input type="checkbox"/> Male <input type="checkbox"/> Female	

PARENT/GUARDIAN Information

Parent /Guardian Name(s):		
Home Phone:	Work Phone:	Cell Phone:
Contact Email:		

Parent /Guardian Name(s):		
Home Phone:	Work Phone:	Cell Phone:
Contact Email:		

Behavior Statement

To ensure a safe, wholesome, Christian environment for everyone, we ask that the student read and agree to the following expectations:

- There will be no possession or use of drugs (including drugs and alcohol) and no inappropriate sexual activity, such as making out or hanging on to another.
- Participation in all group activities and appropriate participation in small group and large group events.
- Respect for group leaders, adults, peers, camp staff, and camp facilities are expected at all times.
- Potentially harmful or dangerous behavior to self or others of any kind will not be tolerated. No weapons of any kind.

Parent / Guardian Signature:	Date:
------------------------------	-------

I, _____ (*student name*) have read the expectations and I agree to abide by them. I understand that any behavior that breaks an expectation will be dealt with immediately and may result in being sent home at my parent's expense. I recognize I am an ambassador of our church community and of Christ, so my attitude and behavior will reflect as such.

Student signature:	Date
--------------------	------

EMERGENCY Information

Emergency Contact Name:	Relationship:	
Home Phone:	Work Phone:	Cell Phone:

STUDENT HEALTH Information

Healthcare Provider Information:	Doctor's Name:		Doctor's Office Phone Number:									
	Medical Insurance Company:		Policy Number:									
Allergies	<input type="checkbox"/> NONE	<input type="checkbox"/> YES (insects, food, medications, etc.) Please explain:										
Illnesses	<input type="checkbox"/> NONE	<input type="checkbox"/> YES (asthma, bleeding, cold, flu, etc.) Please explain:										
Physical Restrictions	<input type="checkbox"/> NONE	<input type="checkbox"/> YES (disabilities, personality changes, mood swings, depression - past 6 mos.) Please explain.										
Over-the-Counter Medications:	<input type="checkbox"/> YES I give permission for my child to be administered the following medication(s) for the appropriate symptom(s) according to the directions: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Tylenol</td> <td><input type="checkbox"/> Sudafed</td> <td><input type="checkbox"/> Pepto Bismal</td> <td><input type="checkbox"/> Cough/Cold/Sore Throat Lozenges</td> </tr> <tr> <td><input type="checkbox"/> Ibuprofen</td> <td><input type="checkbox"/> Bendryl</td> <td><input type="checkbox"/> Calamine lotion</td> <td><input type="checkbox"/> Hydrocortisone Cream</td> </tr> </table>				<input type="checkbox"/> Tylenol	<input type="checkbox"/> Sudafed	<input type="checkbox"/> Pepto Bismal	<input type="checkbox"/> Cough/Cold/Sore Throat Lozenges	<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Bendryl	<input type="checkbox"/> Calamine lotion	<input type="checkbox"/> Hydrocortisone Cream
<input type="checkbox"/> Tylenol	<input type="checkbox"/> Sudafed	<input type="checkbox"/> Pepto Bismal	<input type="checkbox"/> Cough/Cold/Sore Throat Lozenges									
<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Bendryl	<input type="checkbox"/> Calamine lotion	<input type="checkbox"/> Hydrocortisone Cream									
Prescription Medication Information:	<input type="checkbox"/> NONE	<input type="checkbox"/> YES Prescription medications will be collected at the time of check-in and distributed by an adult as directions indicate. Exceptions are immediate response medications such as inhalers										
		Drug Name:	Instructions:									
		Drug Name:	Instructions:									
		Drug Name:	Instructions:									
Other Medical Needs:	<input type="checkbox"/> NONE	<input type="checkbox"/> YES Please indicate any medical needs the staff and adult leaders should be aware of:										

Parent Release Information

Permission to Participate. I am the parent/legal guardian named above, and hereby grant my permission for my child to participate fully in Our Savior's Lutheran Church (OSLC) related events/trips and activities, including onsite activities, and to be transported off-site with OSLC church staff members and designated adult leaders.

I AM AWARE AND UNDERSTAND THAT THE ACTIVITIES MY CHILD WILL PARTICIPATE IN ARE DANGEROUS ACTIVITIES AND INVOLVE THE RISK OF SERIOUS INJURY AND/OR DEATH AND/OR PROPERTY DAMAGE. I ACKNOWLEDGE THAT STAFF AND ADULT LEADERS MAY HAVE LIMITED MEDICAL TRAINING, IF ANY, AND THAT ANY INJURIES THAT MY CHILD SUSTAINS MAY BE COMPOUNDED BY NEGLIGENT EMERGENCY RESPONSE OR RESCUE OPERATIONS OF OSLC. I ACKNOWLEDGE THAT I AM VOLUNTARILY ALLOWING MY CHILD TO PARTICIPATE IN THE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY, DEATH OR PROPERTY DAMAGE, WHETHER CAUSED BY THE NEGLIGENCE OF THE COMPANY OR OTHERWISE.

Emergency Treatment and Release. In the event of an emergency where I cannot be reached, I give permission for the supervising OSLC staff member or the designated adult leader to sign forms that would ensure the necessary and immediate treatment of the participant. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in their regard from liability, as long as there is no gross negligence. (Please attach a clear statement regarding the treatment of your child in the event of an emergency if different that the instructions stated in this paragraph. Please sign and date.)

Waiver of Claims. On behalf of myself and my child, I hereby expressly waive and release any and all claims, now known or hereafter known in any jurisdiction throughout the world, against the OSLC, and its officers, directors, employees, agents, affiliates, successors and assigns (collectively, "Releasees"), on account of injury, death or property damage arising out of or attributable to my child's participation in the Activities, whether arising out of the negligence of the Company or any Releasees or otherwise. I covenant, on behalf of myself and my child not to make or bring any such claim against the Company or any other Releasee, and forever release and discharge the Company and all other Releasees from liability under such claims.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE THE LEGAL RIGHT TO CONSENT TO AND, BY SIGNING BELOW, I HEREBY DO CONSENT TO THE TERMS AND CONDITIONS OF THIS RELEASE OF LIABILITY. I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE COMPANY.

YES NO I give permission for my youth's photo to be used for publicity purposes.

Parent / Guardian Signature:

Date: