

**Trinity Lutheran Church  
Permission, Medical and Liability Release Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Parent/Legal Guardian Phone # \_\_\_\_\_

Name of alternate person to contact if parent cannot be reached in an emergency,  
\_\_\_\_\_ Phone: \_\_\_\_\_

My son or daughter has a history of:

Epilepsy \_\_\_\_\_

Diabetes \_\_\_\_\_

Allergies \_\_\_\_\_

Other condition not listed above that would affect participation in normal Youth  
functions: \_\_\_\_\_

Family's Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

I understand that reasonable measure will be taken to safeguard the health and safety of my son/daughter and that I will be notified as soon as possible in case of an emergency. I as the legal guardian authorize the calling of medical personnel and/or the provision of other necessary medical services at my expense.

I hereby release and discharge Trinity Lutheran Church from any and all liability, claims, demands or causes of action that my son/daughter may hereafter have for injuries or damages arising out of his/her participation in church activities, even if caused by negligence or other fault of Trinity Lutheran Church. I further agree that I WILL NOT SUE Trinity Lutheran Church OR MAKE CLAIM against Trinity Lutheran Church for damages or other losses sustained as a result of my son/daughters participation in any church activity. I also agree to INDEMNIFY AND HOLD HARMLESS from all claims, judgments and costs, including but not limited to attorney's fees, and to reimburse them for any expenses whatsoever incurred in connection with an action brought as a result in my son/daughters participation in a church activity.

I give permission to my son/daughter to participate in: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date