

July 1, 2018-July 30, 2019
PARENTAL PERMISSION SLIP, CONSENT TO TREATMENT of MINOR
PAYMENT/REIMBURSEMENT AGREEMENT, and LIABILITY RELEASE FORM

For Activities Sponsored at or by: ST. MATTHEW LUTHERAN CHURCH
2040 S. Commerce Road, Walled Lake, MI 48390, (248) 624-7676, FAX: (248) 624-0685
48380 Pontiac Trail, Wixom, MI, 48393, (248) 624-9525, FAX: (248) 669-8696

In consideration for being accepted by St. Matthew Lutheran Church, Walled Lake and Wixom, Michigan, for participation in church sponsored youth activities, we (I, being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant, if said child is not 21 years of age, or older), do hereby release, forever discharge and agree to hold harmless St. Matthew Lutheran Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, we(I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein, whether on site at the church or at an offsite activity.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by said church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

I also do hereby authorize any adult worker with youth of St. Matthew Lutheran Church, as agent(s) for me, to consent to any examination, x-rays, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Name of Youth: _____ Date of Birth: _____ M/F: _____

Parent or Guardian's Name(s): _____ Home Phone No.: (____) _____

Cell Phone No.: (____) _____ Parent Email Address: _____

Address: _____ City/Zip: _____

Name/Other Telephone No. for Emergency Contact: (____) _____

Heart trouble, diabetes, asthma, **allergies** or other condition we should be aware of? List: _____

Immunizations up to date: ___ Yes ___ No Year of most recent Tetanus immunization: _____

NAME of INSURANCE COMPANY: _____ Policy No.: _____

Group No.: _____ Insured's Employer: _____

Telephone for Insurance/HMO Carrier: (____) _____ Name of Insured: _____

FAMILY DOCTOR/HMO Primary Caregiver: _____ Phone No. (____) _____

NOTE TO PARENTS: St. Matthew Lutheran Church carries only excess liability insurance. This means that should your child become injured or ill on a church sponsored activity, your own family medical insurance will be billed. If you have no insurance, or if your insurance does not cover all necessary medical costs, you will be responsible for all excess medical costs.

Signature of Parent or Guardian: _____ Date: _____

I hereby grant permission for Photo usage in Publicity and web use _____ YES _____ NO