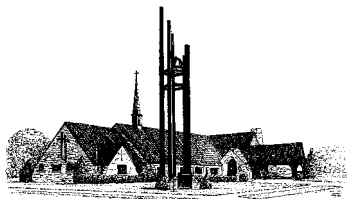


Our Savior's Lutheran Church, ELCA



809 South Commercial Street
Neenah, WI 54956
920-725-3956
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www.our-saviors.org

AUG 2007 - JUL 2008 YOUTH LIABILITY RELEASE & MEDICAL INFORMATION FORM

Print or type all information CLEARLY in BLACK ink. This form is required for attendance at all activities and is valid only for the dates listed above. Participants 18 and over may sign for themselves. If the participant is under 18, at least one legal guardian must sign. Please have your medical insurance card with you at all times.

Participant's Full Name _____ Birth Date _____

M/F _____ Insurance Carrier _____ Insurance ID/Group # _____

Address _____ City _____ State _____ Zip _____

Home Phone # (____) _____ Additional Phone # (____) _____

By submitting this form I (We) acknowledge that any photos/videos produced remain the property of Our Savior's Lutheran Church and permit Our Savior's Lutheran Church to use such photos/videos for church related purposes and publicity. I (We) understand that the name of the participant may be posted with the photos/videos.

I (We), the undersigned, do hereby release, forever discharge, and agree to hold Our Savior's Lutheran Church, its staff and volunteers, harmless from any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever, which may be incurred or suffered by the undersigned and/or participant (under 18 or 18 and older) while attending, participating in or traveling to/from any youth event or activity, regardless of mode of transportation.

Furthermore, I (We) hereby assume all risk of personal injury, sickness, death, damage and expenses arising from the undersigned and/or participant's (under 18 or 18 and older) participation in all activities, including recreation and work activities involved in any youth event or activity. In addition, I (We) authorize and grant permission to furnish all necessary transportation, food, lodging, and medical treatment for the undersigned and/or participant (under 18 or 18 and older). I (we) give permission for diagnoses, treatment, and prescription of medication in accordance with standard medical practice by appropriate health care personnel. I (We) release Our Savior's Lutheran Church, its staff and volunteers of all responsibility and consequences that may arise as a result of any injury suffered and/or resulting treatment. Further, I (We) agree to accept any and all financial responsibility as a result of medical treatment.

I (We) further hereby agree to indemnify and hold Our Savior's Lutheran Church, its volunteers, agents, affiliates and successors (collectively, the "Indemnities"), harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorneys' fees and expenses sustained by the Indemnities as the result of the negligent, willful, or intentional acts of the undersigned and/or participant (under 18 or 18 and older).

Furthermore, I (We) understand that Our Savior's Lutheran Church, its staff and volunteers will not be liable if the undersigned and/or participant (under 18 or 18 and older) fails to cooperate with the rules and that any infraction of the rules may result in immediate dismissal from the event or activity at my (our) expense.

If the participant is under 18 years of age: I (We), the parents or legal guardians, hereby grant permission for _____, the participant, to fully participate in the above activity and all its undertakings. My child agrees to abide by all the rules and regulations stated by Our Savior's Lutheran Church, its staff and volunteers.

Participant may be required to provide written reference(s) regarding character, physical health and/or mental health.

I (We) acknowledge that a copy of this form is as valid as the original.

SIGNATURE OF PARENT(S) OR LEGAL GUARDIAN(S) DATE

SIGNATURE OF PARTICIPANT DATE

Medical History (continue on back if needed)

Allergies: _____

Medical Conditions: _____

Current Medications: _____

Additional emergency contact (s):

Name: _____ Relationship: _____

Phone # (____) _____ Phone # (____) _____ Phone # (____) _____