

HOLY CROSS LUTHERAN CHURCH

CONSENT AND LIABILITY WAIVER

Please read and fill all spaces on this form and return it to the church office.

EVENT: _____

PARTICIPANT NAME:

PARENT/GUARDIAN NAME:

I understand that I must provide primary accident and medical insurance and that myself and/or my child is covered by accident and medical insurance. I assume all liability for myself and/or my child.

EMERGENCY PHONE NUMBERS (work and home; so we can reach you in case of an emergency):

HEALTH PLAN CARRIER:

POLICY HOLDER: POLICY NUMBER:

DOCTOR'S NAME: PHONE:

Do any pre-certification, notification, or other requirement exist with respect to the health insurance of participant? If so, please specify:

FOR PARTICIPANTS: First of all, I will acknowledge that I am a child of God and thus act accordingly, giving a positive witness for Christ. Secondly, I am a member/guest of Holy Cross Lutheran Church and therefore by my words and actions will give a positive witness to my/this church. Finally, I will obey all rules set down by the Youth Counselors and show respect and courtesy to the counselors and other participants.

Please sign and date below:

PARTICIPANT DATE

FOR PARENTS/GUARDIANS: I give permission for my child to attend and fully participate in the specified church sponsored event.

I understand the risks involved in the sponsored event. I understand that my child or myself can get hurt, lose limbs, break bones, and possibly even die during any church activity. With this understanding I hold forever-harmless Holy Cross Lutheran Church, all leaders and counselors, and all organizations associated with the event.

If for any reason (medical reasons, disciplinary action etc) my child's situation warrants them to be excused from any event I hereby assume all responsibility for their transportation home.

In the case of any emergency, I understand that leaders will attempt first to contact me and/or the doctor. In the event that this is impossible:

- With my signature I hereby authorize First Aid by staff and counselors.
- With my signature I hereby authorize emergency medical care by hospital staff and/or doctor selected by church staff or counselor.
- With my signature I authorize physician selected by church staff member to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand it's content, and have signed the same as my own free act and deed.

Please sign and date below:

PARENT/GUARDIAN DATE