

Bethel Lutheran Youth Ministries  
2008-2009  
Activity Release Form

\_\_\_\_\_ has my permission to participate in the following  
Name of Student  
activity Youth Hall Open sponsored by Bethel Lutheran Church Youth Ministries  
Name of Activity  
on Wednesday, July 15<sup>th</sup>, 7:30 pm – 9:30 p.m. (\*\*2008/09 6<sup>th</sup> – 12<sup>th</sup> graders; Registration Due by  
(Date of Activity) **Sunday, July 12<sup>th</sup>. Limited space available. \*\***)

I am the parent or legal guardian of the student named above, a minor, and have given my consent for him/her to attend events being organized by the Church, including the event specified above. I understand that there are inherent risks involved in any ministry or athletic event. I voluntarily elect or accept and solely assume all risk of damages and injury incurred or suffered by the student named above while attending events organized by the Church, including the event specified above. I hereby agree not to sue and release the Church, it's pastors, employees, agents, volunteer workers, council, and representatives from any and all liability, claims, damages, and costs for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement in events organized by the Church, including the event specified above. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, and costs including attorney fees which may arise from any claim or cause of action made by me, through me or on my behalf even if caused in whole or in part by any of the parties or entities hereby released.

In the event that he/she is injured and requires medical attention, I consent to any reasonable medical treatment as deemed necessary by a licensed health professional. In the event treatment is required from a licensed health professional and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such medical care. I also agree to hold harmless and release the Church, its pastors, employees, agents, volunteer workers, council, and representatives from any and all liability related to expenses arising from the giving of such medical care to the extent those expenses are not reimbursed by my or the student's health insurances. Further, I affirm that the health insurance information provided on the health form is accurate at this date and will, to the best of my knowledge, still be in force for the student named above at the time of the event specified above. I also agree to bring my child home at my expense should he or she become ill or if a youth ministries staff member deems it necessary.

**I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.**

Parent/guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

**NOTE TO PARENT/GUARDIAN: FOR EACH DIFFERENT ACTIVITY ONE OF THESE MUST BE SIGNED AND DATED. ACTIVITIES REQUIRING ONLY ONE WAIVER BEING SIGNED INCLUDE, WEDNESDAY NIGHT YOUTH GROUPS, YOUTH ROOM OPENS, AND OTHER REPEATING ACTIVITIES. NOT INCLUDED ARE RETREATS, LOCK-INS, AND SPECIAL ACTIVITIES.**

\*\* Please return this form to Darcy Youngstrom\*\*