

Bethel Lutheran Youth Ministries
2009-2010
Activity Release Form

_____ has my permission to participate in the following
activity _____ sponsored by Bethel Lutheran Church Youth Ministries
Name of Student
Name of Activity
on Tuesday, March 30th. (Registration due in by **Sunday, March 14th** (trip may fill prior to the 14th).
Date of Activity

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, its 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.

Video and Pictures: I also, hereby understand that video and pictures may be taken during the event and give my permission to have them used for promotional purposes and to have them posted securely on the youth website. **(Please note: pictures will never have names on them or show students in compromising situations.)**

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.

YES! I am interested in chaperoning this event. Please contact me at:

Phone Number or E mail: _____

Parent/guardian signature: _____ Date _____

**(Current 2009-2010 Health Form must be on file;
Over to Complete)**