

APPENDIX A -- Youth Activity Release Form

Youth attending an Immanuel Lutheran Church youth function, program, or activity are expected to remain with the group and participate in a positive Christian-like manner and inform the adult leader(s) prior to departing from the group and upon returning to the group. Youth and leaders are expected to exemplify Christian morality and ethics in all areas of conduct including appropriate language and positive relationship skills.

As a measure of safety and accountability, if a youth should exhibit unmanageable behavior that cannot be corrected by adult leaders, the parent/guardian will be contacted immediately and will bear the responsibility (cost) for their youth to return to their care and supervision. The use of non-prescribed controlled substances (including alcohol/tobacco) are NOT permitted by youth or adults while engaged in any youth function, program, or activity.

RELEASE OF LIABILITY

I, _____, am the Parent/Guardian of _____. We have both read and discussed the above covenant /release and we and acknowledge and understand both my expectations and the church's. I authorize them to participate in the following: _____

_____ on the date(s) of _____ to _____ from _____ to _____.

I agree to hold the church, and its adult leaders, officers, staff, volunteers, sponsors, and agents (collectively "Church") harmless from any and all claims of the Church's negligence, resulting in a physical injury or illness (including death), or economic loss I or my child may incur, or which may result from my or my child's participation in the above listed activity, including transportation and travel to or from the above listed activity and any events incidental to the above listed activity.

Youth Signature

Parent/Guardian Signature Date

EMERGENCY CONSENT

I hereby state that the health of my minor is satisfactory for participation in this activity. In the event of an emergency, accident, or illness, I want the Adult Team Member(s) to notify me as soon as possible. I EXPRESSLY AUTHORIZE the administration of necessary medical care by available medical personnel including the use of EMS and Ambulance resources.

Parent/Guardian Signature

Date

Telephone/Cell# _____

Name of Youth _____

Date of Birth _____

Allergies _____

Insurance Name: _____

Policy/Group # _____

Secondary Insurance: _____

Policy/Group # _____

ALL FORMS MUST BE ON FILE IN CHURCH OFFICE PRIOR TO ACTIVITY

Please do NOT expect adult team members to take responsibility for your minor until 15 minutes prior to the beginning time and 15 minutes after the ending time of event.

This form will be kept STRICTLY CONFIDENTIAL and SHREDED after the activity.