



Yearly Medical/Video/Photo Permission Waiver

Please attach a photocopy of each participants insurance card.

Name _____ Home Number _____

Address _____

City, State, Zip _____

Parent(s) or Legal Guardian _____

Work Number(s) _____

Alternate Emergency contact person _____

Any pre-existing or present medical conditions? _____

Any allergies? _____ to Medications? _____

Statement of Permission and Release

I do hereby grant permission for the above minor (hereinafter referred to as "child") to take part in all activities as operated or sponsored by Lutheran Church of the Cross in Evergreen, CO (hereinafter referred to as "LCC") and/or their officers, directors, agents, employees or volunteers for the year specified above. I understand that as a participant, my child may be photographed or videotaped during normal activities and these photos/videos may be used in promotional materials. I authorize the treatment of the child by a qualified and licensed medical doctor in the event of a medical emergency which, in the sole opinion of the attending physician, may endanger the child's life, cause disfigurement, physical impairment, or undue discomfort if delayed. I also authorize LCC to transport the child to and from the activities in an LCC owned, private, or rented vehicle. I understand that LCC is not responsible for any personal belongings of child or belonging of another which the child has in their possession. In the event of the child's misconduct, I authorize LCC to send the child home at my expense.

I understand that LCC is not an insurer of the child's safety and I further understand that the child may incur personal injury or bodily harm while participating in LCC sponsored activities. In consideration for the child's participating in LCC activities, I indemnify and hold harmless LCC, its officers, directors, employees, agents, and volunteers from all actions, claims, costs, expenses, and damages of any kind, growing out of, or related to, the activities, including transportation to and from all activities within the dates given above.

In the event that it is necessary, I hereby authorize emergency medical treatment to be obtained and any emergency medical procedure to be performed at my expense.

I attest that I am the legal parent or guardian of the child and have full authority to make this agreement.

Signature of Parent or Guardian

Date

Insurance Company

Group

Policy #