Parental Permission Release

Calvary Lutheran Church, 7520 Golden Valley Road, Minneapolis, MN 55427

Date: _____
Amt: _____
Check # _____

I understand my child has been invited to attend the following event sponsored by Calvary Lutheran Church:

Event: **Event Date:**

I agree with the conditions detailed on the back of this form and hereby grant permission for my child to attend the above event.

Parent Signature_____ Date _____/_____/_____

Youth's Name: _____ Birthdate _____/_____/_____
Last First M.I.

Address: _____ Grade _____ Member or Guest?
Street City Zip Circle one

Youth email: _____ Parent email: _____

Parent/Guardian 1 _____ Phone (H) _____

Phone (W) _____ Phone (C) _____

Parent/Guardian 2 _____ Phone (H) _____

Phone (W) _____ Phone (C) _____

Medical Insurance Carrier _____Policy # _____

Conditions on back.

Conditions

I (We) acknowledge that participation in any and all Calvary programs or events is voluntary and may involve activities that require traveling or physical exertion. We agree to the following conditions for participation in the ministries of Calvary Lutheran Church of Golden Valley, MN.

- Calvary is not responsible for the loss or theft of personal belongings.
- Misconduct may result in the transportation home of my child from an activity at the parent/guardian's expense. A participant sent home for disciplinary reasons will NOT receive a refund of the activity fee.
- Participation in Calvary Youth Ministry events or programs is a privilege, this privilege may be denied by a Calvary staff when, in their opinion, participation of the youth is disruptive and not keeping with the mission of Calvary.
- I understand that my child may be photographed and/or filmed and his/her image may be used in video presentations, printed publications, or on Calvary's website. Your child's name will not be published.
- I hereby take the following action for my child, myself, my executors, administrators, heirs, next of kin, successors and assigns: A) I waive, release and discharge from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in the events and programs of Calvary Lutheran Church of Golden Valley, the following person, or entities: Calvary Lutheran Church of Golden Valley, MN, its Senior Pastor and Associate Pastors, staff, employees, members, volunteers, representatives, subcontractors and agents of any of the above; B) I agree not to sue any of the persons or entities mentioned above for any claims or liabilities that I have waived, released or discharged herein; and C) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's participation in Calvary related activities. I hereby assume the risk of my child participating in all Calvary Lutheran Church ministry activities or programs.
- I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the release.
- I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of the anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact met in the most expeditious way possible. Permission is also granted to Calvary Lutheran Church representative to provide needed emergency treatment to the student prior to his/her admission to a medical facility.