

Grace Lutheran Church of Winchester

Release Form

I (we) the parent(s) or Legal Guardian of _____
give my permission for my (our) son/daughter to attend Grace Lutheran Church Youth
Activities during the 2006 calendar year with the understanding that Grace Lutheran
Church assumes no liability for accidents or injuries. Furthermore, in the event that
medical treatment is required, I (we), the undersigned, give permission to the staff or
sponsor to secure the services of a licensed physician to provide the care necessary,
including anesthesia, for our child's well-being. I (we) understand that with any trip of
this type there is the possibility of illness, injury, or accident, and we voluntarily assume
such risk. I (we) do hereby waive, release, and discharge Grace Lutheran Church and all
agents and employees thereof, of and from all claims of every kind and nature. I (we) also
authorize and give permission for the use of photographic images of the participant for
use by Grace Lutheran Church. If a participant should have to be transported home due to
medical reasons, disciplinary action, or otherwise, I (we) assume all transportation costs.

(If the participant is under the age of 18, one parent or legal guardian must sign this
form.)

Print name of participant

Parent(s) Telephone #s

Parent Signature(s)

Legal Guardian Signature

Hospital Insurance ___Yes ___No Insurance Company: _____

Policy # _____

Physician _____ Physician's Phone Number _____

Emergency Phone Numbers:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____