

## Permission Slip/Liability Waiver

As the parent/legal guardian of \_\_\_\_\_, I am in complete understanding that my son/daughter is participating in activities sponsored by St. Paul Lutheran Church. I fully understand and choose not too, and will not hold St. Paul Lutheran Church, any of its **agents, assigns, employees, or volunteer sponsors** (hereafter all referred to as **sponsors**) liable for any accidents, injuries, or any other unforeseen harms incurred at any time while participating in this activity, except in the case of gross negligence. I authorize St. Paul Lutheran Church and its **sponsors** to find adequate and reasonable medical treatment at my expense, if the need arises.

**This waiver will serve as a medical release form, thus authorizing the sponsor permission to act on my behalf until such a time that I can be contacted.**

Additionally, I understand that if my son/daughter engages in any known or unknown illegal activities at any time while participating in this youth event, St. Paul Lutheran church and its **sponsors** will not be liable for any damages or problems he/she may cause, and will not be liable to perform any legal defense on their behalf. I also understand that if any problems do arise, my son/daughter will be sent home, at my expense, on the first available means of transportation, at the **sponsor's** discretion. The parent/guardian will be contacted in the event this action is necessary.

I understand that by signing below, as the parent/legal guardian, I agree to and will adhere to the preceding statements and grant permission for my child to participate in this activity (Signing below does not nullify your rights granted to you by local, state, and federal laws). Also, I understand that my child will not be allowed to participate if they are not accompanied by this completed form before the activity begins.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TEL # (s).

As a youth participant, I agree to abide by the guidelines and instructions of the leadership of **St. Paul Lutheran Church**. I understand that if I disobey guidelines, instructions and expectations of the leadership, I will be sent home at my parent's/guardian's expense.

\_\_\_\_\_  
Youth's Signature

\_\_\_\_\_  
Date

### ADDITIONAL INFORMATION

Please give your youth's insurance information below. This information will only be used if a situation warrants emergency medical attention. If we do not have this information we will still seek medical treatment, but the billing issues will need to be settled between you, the insurance provider, and the medical provider.

\_\_\_\_\_  
Insurance Provider Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Insured's Name

\_\_\_\_\_  
Group Number (if applicable)

\_\_\_\_\_  
Youth's Doctor

\_\_\_\_\_  
Phone #:

\_\_\_\_\_  
Father's Name (Please Print)

\_\_\_\_\_  
Preferred Contact #

\_\_\_\_\_  
Mother's Name (Please Print)

\_\_\_\_\_  
Preferred Contact #

\_\_\_\_\_  
Youth's Name (Please Print)

\_\_\_\_\_  
Youth's Date of Birth

**PARENTS: Please add any information about your youth, which will be helpful for the leadership on the reverse side of this permission form along with a copy of the front and back of your insurance card.**