

# LOCK – IN PERMISSION SLIP

Immanuel Lutheran Church – 700 N Bloomfield Rd, Lake Geneva, WI 53147 (262)248-4211

Friday, Sept 15<sup>th</sup> 2017

Name of Participant (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Age of Participant \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade in School (2017-18) \_\_\_\_\_ School \_\_\_\_\_

**Functions and Activities:** It is my understanding that participating in the programs and recreational activities of Immanuel Lutheran Church is a privilege. Prior to my participating in such activities, I acknowledge that there are certain risk associated with activities, including, by way of example, physical injury due to activity related accidents, physical injury due to transportation related accidents, illness or even death. In addition, I acknowledge there may be other risks inherent in these activities of which I may not be presently aware.

**Release of Liability:** By signing the Permission Waiver Form, I expressly warrant that the child above or I, if I am a participant, am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or myself participating in the activities, whether such risks are known or unknown to me at this time. I further release Immanuel Lutheran Church and its pastors, leaders, employees, volunteers and agents from any claim that my child may have, or that I may have, against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against Immanuel Lutheran Church or its pastors, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless Immanuel Lutheran Church and its pastors, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

**Special Events and Field Trips:** I understand that the child named above, or I, will be participating in various activities at Immanuel Lutheran Church and in the regional areas during the 2017-2018 ministry year. I understand that during this period my child/ward, or I if I am an adult/participant, may take part in activities such as: Bible studies, discussion groups, concerts, worship services, group songs, games of skill and experience, drama, youth gatherings and retreats, time at the beach, service projects, swimming, overnight lodging with other youth and adults, transportation to outside events at other locales and establishments, and other activities consistent with the purpose of the church's youth ministry.

**First Aid and Emergency Medical Treatment:** I recognize that there may be occasions where the child named above, or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of Immanuel Lutheran Church to seek and secure any needed medical attention or treatment for the child named above, or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE TURN OVER AND COMPLETE THE OTHER  
SIDE OF THIS FORM**

**Emergency Contacts: Name of persons and telephone numbers to call in case of emergency**

Parent/Guardian \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ or \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ or \_\_\_\_\_

**Medical: Special medical needs or concerns (i.e. allergies, conditions, dietary needs, medications, etc.)**

**Other Information** leaders should know about the child or participant:

**Publicity Release:** On occasion Immanuel Lutheran Church takes photographs or makes an audio or video recording of children and/or adults involved in church/youth activities. I consent to the use of any such audio or video record of the one named above to be used, distributed or displayed as agents of the church see fit.

**PARENT/GUARDIAN:**

I represent that I am the parent/guardian of \_\_\_\_\_, who is under 18 years of age. I have read the above Permission Waiver Form and am fully familiar with the content thereof. I give permission for the child named above to participate in the activities of Immanuel Lutheran Church, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of Immanuel Lutheran Church, I hereby consent to the Permission Waiver Form, including the Release of Liability above, on behalf of the child and agree that this Permission Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns,

\_\_\_\_\_  
Signature of Parent and/or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent and/or Legal Guardian