

Faith Lutheran Church Event and Photo Release Form

6600 Woodrow Ave., TX 78757 (512)451-1116

Pastors: Gary Goodson **Children, Youth and Family Coordinator:** Michael Odegaard

Effective Dates: September 2018 to September 2019

Print in ink. Each participant (including adults) must have this form on file to participate in activities. Please fill out accordingly.

Participant's Info Name: _____ Age _____

Birthday: _____

Grade in school: _____ Male Female Other _____ Child's email: _____

Address _____ City _____

Zip _____

Home Phone _____ Child's Cell Phone _____ Text message? Yes

No

Medical Insurance Company: _____ Policy

PLEASE ATTACH A COPY OF PARTICIPANT'S HEALTH INSURANCE CARD

Home Phone _____ Cell Phone _____ Text message? Yes

No

Parent/Guardian Name: _____ Relationship _____

Home Phone _____ Cell Phone _____ Text message? Yes

No

Emergency Contact: _____ Relationship _____

Best way to contact: _____

Physician: _____ Office Phone: _____

1. For the participant's safety and our knowledge, are they a good swimmer fair swimmer non-swimmer

2. Does the participant have any allergies to any of the following? If yes, please list:

Pollens

medications

food

insect bites

3. Does the participant suffer from, or has ever experienced, or is being treated for the following:

Asthma Epilepsy/seizure disorder Heart disorder
Diabetes
Frequently Upset Stomach Other _____

4. Date of last tetanus shot: _____

5. Does the participant wear: glasses contact lenses hearing aid braces/retainer?

6. Please list and explain any major illnesses the participant experienced during the last year:

7. Should the participant's activities be restricted for any reason? Please explain:

8. List the medications the participant takes regularly. Include all pertinent information, including dosage, times taken, etc.

If medications will be taken during a Youth event, they must be turned in to Michael Odegaard prior to the event and he will distribute them at the times indicated on prescription labels.

Release and Indemnity Agreement

_____ (participant) has my permission to attend all activities sponsored or participated in by Faith Lutheran Church and ride with drivers designated by the pastor, employee, staff, chaperon, agent or other volunteer of FLC.

I also grant permission to the staff member in charge of the event or his/her designee to seek and authorize medical attention for the named participant and release Bethany Lutheran Church, its pastors, employees, church council, volunteers, agents, and chaperons from any and all liability for personal injury, death and damages suffered by the named participant and agree to indemnify and hold harmless Bethany Lutheran Church, its pastors, employees, church council, volunteers, agents, and chaperons from any and all liability for personal injury, death and damages suffered by the named participant. I authorize and direct Faith Lutheran Church, through its pastors, employees, staff, volunteers, agents, and chaperons to consent to any and all medical and other emergency services the pastor, employee, volunteer, agent, and/or chaperon, in his or her sole discretion, may deem necessary or desirable for my child or other person over whom I have legal custody or guardianship.

In the event of emergency transportation and/or treatment by a physician or other health care professionals, I release Faith Lutheran Church, its pastors, employees, council, staff, chaperons, and volunteers from any and all claims, demands, or suits for all bodily injury, death or damages arising from or out of the giving of such consent and the rendering of such transportation or health care services to my child or person over whom I have legal custody or guardianship. I acknowledge and agree that I will be responsible for the cost of all transportation and health care services rendered my child or person over whom I have legal custody or guardianship and agree to indemnify and hold harmless Faith Lutheran Church, its pastors, employees, council, staff, agents, chaperons, and volunteers from the cost of all transportation and health care services rendered my child or person over whom I have legal custody or guardianship.

I further affirm that the health insurance information provided by me is accurate at this date and will be in force for my child or legal ward at the time of the event in which he or she is participating. I also agree to be solely responsible for

The payment of all transportation expenses associated with bringing my child or other person over I have legal custody or guardianship home should they become ill or if deemed necessary by the pastor, staff, employee, chaperon, volunteer or other person in charge of the event.

Photo Release Waiver

I hereby grant Faith Lutheran Church permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of Faith Lutheran.

I hereby irrevocably authorize Faith Lutheran Church to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the {Name of Organization} from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

Parent/Guardian Signature_____

Date_____