



Medical Release Form 2011 - 2012

Name of Participant

Gender

Present Health (Medications)

Past Health

Past Injuries

Drug Sensitivities

Allergies

Medical / Health Insurance Company

Policy Holder

Policy Number No.

I verify that my child has been checked by a licensed physician and is physically able to participate in all St. Mark Lutheran Church events. I hereby agree and promise that I will not hold St. Mark Lutheran Church, a camp, or any other organization St. Mark Lutheran Church participates in, or its employees responsible for any loss, damages, or personal injuries received as a result of participation. I also authorize the chaperones to act for my child according to their best judgment in an emergency requiring medical attention. I agree to allow my child to be treated by a licensed physician (if necessary) or EMT and assume the costs of such treatment.

St. Mark Lutheran Church activities may include, but are not limited to: cookouts, boating, swimming, basketball, roller skating, ice skating, rollerblading, games in the park, soccer, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Youth Director prior to that event.*

_____ has my permission to attend all youth activities sponsored by St. Mark
(child's name)
Lutheran Church from: **August 1, 2011 – July 31, 2012**

Parent / Guardian

Parent / Guardian Signature

Address

City

State

Zip

Home Phone

Work / Cell Phone

Emergency Contact Name and Number

Relationship to Minor



Photo Release Form

I grant permission to St. Mark Lutheran Church to use photographs taken of myself, and/or the children listed below, on their web site at www.stmarkphx.org, or their newsletter.

I hereby agree to release, defend, and hold harmless St. Mark Lutheran Church and its staff from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking and/or processing.

In agreeing to this document, St. Mark Lutheran Church does agree to remove, or satisfactorily edit, any photo of you and/or the children listed below in which you feel to be unacceptable or unflattering, regardless of this contract.

Yes, I Give Permission

No, I Do Not Give Permission

Parent's Name

Parent's Signature

Names of Children
