



Redeemer by the Sea Lutheran Church
Kindergarten and Preschool

"A Lighthouse to Our Community and the World"

Medical & Liability Release Form

Student Name _____ Male _____ Female _____

Address _____ Birthday _____ Grade in School _____

City _____ State _____ Zip _____ Phone _____

Medical Information-

Please list any allergies _____

Please indicate anything else that leaders should know to help avoid or deal with any situation that may arise: _____

Emergency Information-

Insurance Carrier _____ Group / Policy Number _____

Emergency Contacts:

| Name | Relationship | Work # | Home # |
|------|--------------|--------|--------------|
| 1. | | | |
| 2. | | | |
| 3. | Doctor | | After hours: |

_____ has our (my) permission to participate in upcoming youth events, which include:
(Child's name)

District Youth Gathering, retreats, summer camps, conferences and any other church related functions.

To the best of my knowledge he/she is in good health and capable of extended physical activity. We (I) grant our (my) permission to the church staff/counselors and other adults in charge, to administer emergency first aid to him/her should the need arise. We (I) also grant my permission to the church staff/counselors and other adults in charge, to admit him/her to a hospital or place under a physician's care if necessary.

With our (my) signature we (I) release all church staff/counselors and other adults in charge from any and all claims, loss, cost, damage, or expense arising out of or from any accident or any other occurrence, causing injury to any person or property during these events. On behalf of our (my) child, we hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. We (I) agree to hold harmless and indemnify Redeemer by the Sea Lutheran Church, Kindergarten and Preschool, its directors, employees and agents, for any liability sustained as the result of the negligent, willful or intentional acts of the participant, including expenses incurred.

In addition, we (I) understand and agree that if our (my) child should need to return home due to medical reasons, disciplinary action or otherwise, he/she will be sent home at our (my) expense.

Mother/Guardian Signature: _____

Father/Guardian Signature: _____

Date: (expires 1 year from date) _____

Youth Participant Only

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership.

Participant _____