

**RELEASE OF LIABILITY**  
**Our Savior Lutheran Church**

**CAUTION: THIS IS A RELEASE-READ CAREFULLY BEFORE SIGNING**

My child \_\_\_\_\_ has permission to participate in the youth activities, programs, and ministries of Our Savior Lutheran Church. In any youth event, especially those which include traveling, there is the risk of injury and I assume full responsibility for personal injury to myself or my child. In the event I cannot be personally reached at one of the telephone numbers listed below, I hereby authorize and grant to Our Savior Lutheran Church, its staff, employees and agents permission to obtain emergency medical attention as they deem necessary. I hereby release and forever discharge Our Savior Lutheran Church, its staff, employees and agents from any and all liability whatsoever, including all claims, demands and causes of actions of every nature affecting myself or my child, which I or we may have or ever claim to have, arising from my child's participation in the youth activities, programs, and ministries of Our Savior Lutheran Church, including but not limited to accidents, personal injury, illness, medical costs and/or property damage, or from the use of or presence of myself or my child upon the facilities of Our Savior Lutheran Church, whether caused by the fault of myself, my child or the staff, agents, employees of Our Savior Lutheran Church. I hereby agree to indemnify, defend and hold harmless Our Savior Lutheran Church, its staff, employees, and agents against all claims, causes of actions, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may result from my participation or my child's participation in youth activities, programs and ministries of Our Savior Lutheran Church or from mine or my child's use of or presence upon the facilities of Our Savior Lutheran Church.

Name of Youth: \_\_\_\_\_ Dates valid: \_\_\_\_\_

Signatures: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

Birth date: \_\_\_\_\_ Year youth should graduate High School: \_\_\_\_\_

Guest of: \_\_\_\_\_ *(if youth is not a member of Our Savior)*

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy and/or Group #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Orthodontist's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Optometrist's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Special or Regular Medications: \_\_\_\_\_

Allergies, Physical Limitations, or Other Health Considerations: \_\_\_\_\_