

9-12th WhiteFYSH 2012 Health and Release Form

First Lutheran Church Medical Release, Indemnification, and Photo/Video Release Form

I give my child permission to attend the 9-12th gr. trip to WhiteFish Ski Resort on March 7-11, 2012. I understand that if my child is in 8th grade or younger, that I will be attending with my child to provide oversight of my child. I understand that the cost of the trip will be \$380 and that the \$100 deposit is a non-refundable payment. I know that this fee covers the cost of travel via Amtrak, lodging, lift tickets for three days and breakfasts and lunches on the mountain. Train meals, and dinners on the mountain along with rental equipment will be an added expense. I also know that aid is available to help with the cost of this trip if these fees pose a significant financial burden to my family.

PRE-EXISTING MEDICAL CONDITIONS _____
MEDICATIONS(Please have in labeled bottle with instructions) _____
DIETARY CONCERNS _____
ALLERGIES _____
ADDITIONAL COMMENTS or CONCERNS _____

Please fill out information below OR attach a copy of your medical insurance card.
MEDICAL INSURANCE CARRIER _____
POLICY# _____
ADDRESS OF INSURANCE CO. _____

(REQUIRED, Please list someone other than parent / guardian(s))
IF NOT AVAILABLE CONTACT _____
CELL PHONE (S) _____ **HOME PHONE** _____ **WORK PHONE** _____

YOUTH NAME(Please Print) _____ **DATE OF BIRTH** _____
PARENT/GUARDIAN NAME (S) _____
EMAIL ADDRESS _____
CELL PHONE(S) _____ **HOME PHONE** _____ **WORK PHONE** _____

In the event of a medial emergency, I authorize medical treatment for the above named youth as deemed necessary by a First Lutheran Church representative or by a physician. I expressly assume any and all risks of injury or death arising from or relating to the Activities I have given my child permission to participate in at First Lutheran Church and waive and release any and all suits or demands of any kind or nature whatsoever against First Lutheran Church, staff, volunteers, or representatives arising from or relating in any way to the participant's voluntary participation in said activities. I also give First Lutheran Church permission to photograph and/or video the participant and for those photos and/or video to be used by First Lutheran Church in communicating with the congregation and the wider community. I know that I can retract this permission for photo and/or video use at any time by contacting either the Pastor or Youth Director in writing.

I have read, understood, and agreed to the information I have signed to on this form.

Signed _____ Date _____
(Signature of Parent or Guardian)