



## 2017-2018 PARENTAL CONSENT AND LIABILITY RELEASE FORM

Note: If participant is under 18, then this form must be completed and signed by a parent or legal guardian.

### PARTICIPANT INFORMATION

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

### EMERGENCY INFORMATION

*Emergency Contacts: Please fill in the names and numbers that are applicable:*

Parent/Guardian #1: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*Alternate Emergency Contacts: If a parent cannot be reached:*

1. Neighbor/Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Neighbor/Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Neighbor/Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

Facts concerning the child/youth's medical history including allergies and any physical impairments to which a physician should be alerted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any situations (personal, family, health, diet) that we should be aware of concerning your child/youth:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Local Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy/Group ID: \_\_\_\_\_

(If you have no insurance, please fill out who is **responsible for payment** of medical expenses.)

Person Responsible for Payment \_\_\_\_\_ Relationship: \_\_\_\_\_

**BE SURE TO COMPLETE THE BACK SIDE OF THIS FORM.**

Epiphany Lutheran Church | 6430 Far Hills Avenue | Dayton, Ohio 45459  
Phone: 937.433.1449 | Fax: 937.433.9655 | Web: [www.epiphanydayton.org](http://www.epiphanydayton.org)

## RELEASE STATEMENTS

**Please initial next to each statement below and sign and date at the bottom.**

The undersigned do(es) hereby give permission for our (my) child: \_\_\_\_\_ (“Participant”), to attend and participate in events sponsored by **EPIPHANY LUTHERAN CHURCH** between **August 1, 2017 and July 31, 2018**.

\_\_\_\_\_ **LIABILITY RELEASE:** In consideration of **EPIPHANY LUTHERAN CHURCH** allowing the Participant to participate in children or youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless **EPIPHANY LUTHERAN CHURCH**, its church council members, employees, volunteers and agents (collectively herein the “Church”) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in activities, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor Participant] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limits of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

\_\_\_\_\_ **MEDICAL TREATMENT PERMISSION:** We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general care or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

\_\_\_\_\_ **EARLY RETURN HOME POLICY:** Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

\_\_\_\_\_ **TRANSPORTATION PERMISSION:** The undersigned do(es) also hereby give permission for the Participant to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by **EPIPHANY LUTHERAN CHURCH**. The Participant and I understand that SEATBELTS SHALL BE WORN AT ALL TIMES during transportation.

\_\_\_\_\_ **MEDIA RELEASE:** The undersigned do(es) also give consent and unrestricted permission to **EPIPHANY LUTHERAN CHURCH**, hereafter referred to as Epiphany, and those acting on their behalf as follows:

1. In the event videos, photographs, illustrations, and/or other images of the Participant are taken or created by or on behalf of Epiphany, all right, title, and interest in and to the images and all related materials shall be owned by Epiphany or as Epiphany may determine.
2. Epiphany shall have the irrevocable right to use, publish, reproduce, create derivative works of, distribute, transmit, publicly display, either digitally or in any other medium now known or later developed, such images in any form, e.g., digital media, video, print. I agree that these may be used for a variety of purposes (educational, publicity, etc.) without further notifying me. This includes, but may not be limited to Epiphany’s website, social networking (e.g., Facebook), videos, printed materials such as brochures, newsletters, posters, flyers, slide shows, and other educational and promotional modes of communication.
3. I do understand that the Participant’s name, first and/or last, will not be used in conjunction with any video or digital images. Epiphany utilizes monitored, public social media accounts to which members of the public can post content. Epiphany disclaims responsibility for any postings to such social media accounts by third parties.
4. I hereby release, discharge, indemnify, and agree to safe harmless Epiphany and its employees, agents, and volunteers from and against any loss, liability, costs, and expenses arising, directly or indirectly, from Epiphany’s publication or use of such images or my likeness, including, without limitation, any claims for invasion of privacy or right of publicity, loss or liability resulting therefrom.

Parent/Guardian Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_