



# TRINITY LUTHERAN CHURCH

Medical Release, Liability, and Photo Use Form

Name of Youth: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F Other

Parent(s)/Guardian(s) Names: \_\_\_\_\_

Best Cell Phone: \_\_\_\_\_ Other Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Please add my email in the Trinity Student list to stay informed of Trinity activities*

Emergency Contact (other than parents): \_\_\_\_\_

Best Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Medical Information** (This information will in no way be distributed or copied)

Health Plan Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to youth: \_\_\_\_\_

Policy Holder/Insurance ID: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**Please indicate below any medical needs the staff and adults leaders should be aware of:**

- Allergies (include, food, medication or other):
- Any conditions (asthma, epilepsy, diabetes or other):
- Any physical restrictions, personality changes, mood swings or depression over the past 6 months:

Parent/guardian approval for minor to travel and medical authorization. In witness whereof and by signing below, I approve travel for my child on Trinity activities. I also authorize Trinity personnel to obtain any necessary medical treatment by a licensed physician/hospital/pharmacy/rescue squad/ambulance company/medical air evacuation company. In the event Trinity personnel are incapacitated and cannot give authorization for treatment, I authorize a licensed physician/hospital/pharmacy/rescue squad/ambulance company/medical air evacuation company to give my child any necessary medical treatment. However, I do want treatment to commence prior to my being contacted if my child is in pain or the condition is life threatening.

I understand that reasonable measure will be taken to safeguard the health and safety of my son/daughter. In the event a medical emergency arises, the emergency contact or I cannot be reached by phone, I authorize Trinity Lutheran Church and its agents to provide care for my son/daughter and understand that I will be notified as soon as possible in case of an emergency. I as the legal guardian authorize the calling of medical personnel and/or the provision of other necessary medical services at my expense.

I hereby release and discharge Trinity Lutheran Church from any and all liability, claims, demands or causes of action that my son/daughter may hereafter have for sickness, injuries or damages arising out of his/her participation in church activities, even if caused by negligence or other fault of Trinity Lutheran Church. I further agree that I will not sue Trinity Lutheran Church or make claim against Trinity Lutheran Church for damages or other losses sustained as a result of my son/daughters participation in any church activity. I also agree to indemnify and hold harmless from all claims, judgments and costs, including but not limited to attorney's fees, and to reimburse them for any expenses whatsoever incurred in connection with an action brought as a result in my son/daughters participation in a church activity.

Therefore, I authorize my son/daughter to attend all Trinity Lutheran Church events and activities on-site and off-site.

I also hereby grant, voluntarily and with full understanding, to Trinity Lutheran Church, a license to the following:

1. Use and storage of my name and image, by means of digital or film photography, video photography, audio recording or other documentation, with respect to the events and activities of Trinity Lutheran Church.
2. Use of any stored data including my name and image in printed publications of Trinity Lutheran Church.
3. Use of any stored data including my name and image in electronic publications of Trinity Lutheran Church.
4. Use of any stored data including my name and image in any website created by or for Trinity Lutheran Church for its sole benefit.
5. Use of any storage data including my name and image in any social media, including but not limited to Facebook, Twitter, and Instagram accounts maintained by Trinity Lutheran Church.
6. If I am signing this agreement on behalf of a minor child, I hereby warrant that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child.
7. If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If I cannot agree with Trinity Lutheran Church upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.
8. *Please check if you wish for Trinity to try as much as possible to not use your child's photo/video and post/share it on-line.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian signature if student is under the age of 18)

Name: (please print): \_\_\_\_\_