Annual Participation Agreement / Medical Release Form (Grades 7-12)

Child's Full Legal Name: _____Date of Birth: _____ Male___ Female ___

I, the undersigned, give permission for _____ (youth participant) to participate in any and all activities at, or planned by Calvary Lutheran Church from September 1, 2018 through September 1, 2019.

I have been informed that there will be at least one adult who has had child abuse prevention training present at all times during any Calvary Lutheran Church event. Yes _____No _____ Parent Initial _____

In consideration of permission granted to me to **participate in any and all activities at or planned by Calvary Lutheran Church (CLC)** I hereby, for myself, my heirs, administrators, and assigns, release, remise, and discharge **CLC** and its agents and employees, of and from all claims, demands, actions and injuries sustained to my person or property as a result of any act, omission, or negligence by **CLC** while participating in any and all activities on the premises (or off premises) of the church, unless claim is due to fraud or illegal behavior .

I am aware of the risks and dangers involved in certain activities and that unanticipated and unexpected dangers may arise, and I assume all risks of injury to my person and property that may be sustained as a result and hold **CLC** completely and fully harmless from all liability.

Signature of Participant: _____ Date:_____

Signature of Parent or Guardian if under 18: _____ Date: _____

Primary Physician Information

Primary Physician's Name: _____ Office Phone: _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications: _____ Other Allergies: _____

If applicable, please note any conditions for which the child is currently receiving treatment or any other significant medical information of which we should be aware on the back of this form.

Dentist's Information Dentist's Name: _____Office Phone: _____

Emergency Phone: _____ Dental Insurer/Plan: _____ Policy #: _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby solemnly swear that I have legal custody of the aforementioned minor child.

I grant my authorization and consent for any supervising adult to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize any supervising adult to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of any supervising adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Signature of Mother/Guardian_____ Date Signed_____

Signature of Father/Guardian_____ Date Signed_____