



Release and Hold Harmless Agreement and Waiver of Liability

I, the undersigned guardian, allow _____ to participate in activities from 2015 through 2016, sponsored by the Youth Ministry at *St. John's Lutheran Church of Orange* all of which are hereinafter referred to as the "activity".

I consent permission for participation in the activity and acknowledge that I fully understand the participation may involve risk of serious injury or death, including losses which may result not only from the participant's actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I am aware that participation in the activity may require the participant to be transported by busses to and from campus and the expectation is to abide by the policies and procedures of the contracted transportation company. I understand that if I have any concerns about risk, I should discuss the risks associated with participation with the activity coordinators and event staff, before I sign this document and before the activity begins.

If volunteers, adult leaders or parents drive their own vehicles, I am aware if they have an accident that my personal insurance will be the "primary" insurance and that St. John's Lutheran Church of Orange will be the secondary insurance. In addition, St. John's Lutheran Church of Orange will not be held responsible for physical damage that occurs while using personal vehicles for the activity. I understand this activity is not required for the participant and I assume all reasonable risk for the participant attending an activity that may occur off-campus.

I certify that the participant is in good health and has no physical condition that would prevent participation in this activity. Furthermore, I agree to use my personal medical insurance as a primary medical coverage payment if accident or injury occurs to the participant. I consent to emergency medical treatment in the event such care is required. I am aware that upon being injured, the participant may solicit the assistance from St. John's staff and youth ministry team and if he/she chooses to do so, I assume all reasonable risk.

I agree that photographs, pictures, slides, movies, video, or other media coverage of the participant may be taken in connection with participation in the activity without compensation from St. John's Lutheran Church of Orange, its officers, employees, representatives, volunteers or agents, or any of them, and I consent to the use of photographs, pictures, slides, movies, videos, or other media coverage for any legal purpose.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers for the participant in the activity. I agree I am financially responsible for any losses resulting from the participant's actions and will indemnify St. John's Lutheran Church of Orange, its officers, employees, representatives, volunteers and agents, and each of them, for any loss or damage caused by the participant during this activity.

In consideration of participation in the activity, I hereby waive all claims or causes of action against St. John's Lutheran Church of Orange, its officers, employees, representatives, volunteers and agents, and all of them, arising out of participation in the activity and hereby release, hold harmless, and discharge St. John's Lutheran Church of Orange, its officers, employees, representatives, volunteers and agents, and each of them, from all liability in connection therewith except such loss or damage which was caused by the willful misconduct of St. John's Lutheran Church of Orange, its officers, employees, representatives, volunteers or agents.

This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against St. John's Lutheran Church of Orange, its officers, employees, representatives, volunteers or agents, or any of them, is knowingly given up in return for allowing the participant to participate in the activity. My signature on this document is intended to bind not only myself and the participant, but also my successors, heirs, representatives, administrators, and assigns.

I have read this release and hold harmless agreement and waiver of liability, and I understand the terms used in it and their legal significance.

Participant's name _____ Guardian's signature _____ Date _____

Emergency contact name (print) _____ Phone # _____ Relationship to participant _____

Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.

Medical Release Form

St. John's Lutheran Church, Youth Department
154 S. Shaffer Street, Orange, CA 92866 (714) 288-4400

INFORMATION:

Name : _____ Sex: _____

Phone: _____

Primary address: _____

Birth date: _____ Baptized: _____ Church affiliation: _____

PARENT NAMES (if under 18)

Mother/Guardian: _____

Phone: _____ Work # _____ Cell # _____

E-mail: _____

Father/Guardian: _____

Phone: _____ Work # _____ Cell # _____

E-mail: _____

INSURANCE:

Company name: _____ Policy # _____

Dr. _____ Telephone # _____

EMERGENCY CONTACT (other than parents):

Name: _____ Phone # _____

Cell Phone # _____ Relationship to Child: _____

EMERGENCY AND HEALTH INFORMATION:

To be completed by all participants: (if checked -please explain)

___ Asthma _____

___ Health Condition _____

___ Diabetes _____

___ Sight or hearing impairment _____

___ Contact lenses _____

___ Serious Illness in the last ten years _____

___ Allergies _____

___ Taking prescription medications _____

Drug: _____ Dosage: _____ Time taken: _____

Reason: _____

Please list anything that the leaders should know in order to help avoid or deal with any situations that might arise.

Authorization to Treat a Minor

We (I) the undersigned, parent(s) or legal guardians of _____ minor, do hereby authorize the staff of St. John's Lutheran church, as agent(s) for the undersigned, consent to an X-ray examination, anesthetic, medical or surgical diagnosis, treatment or hospital care which is deemed advisable by and is rendered under the general or special supervision of a physician and/or surgeon licensed under the Provisions of Medical Practices Act and any hospital whether such diagnosis or treatment is rendered at the office of a physician or at a hospital. This consent is also to extend to any Dentist licensed under the Dental Practices Act. It is understood that this authorization is given in advance of any diagnosis, treatment or hospital care being required, but is given to provide authority on the part of our aforesaid agent(s) to give specific consent to any treatment or hospital care which the physician/dentist in the exercise of his best judgment deems necessary. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and shall remain in effect until 2017, unless sooner revoked in WRITING and delivered to said agent(s). It is understood that an effort will be made to contact the undersigned prior to the rendering of treatment, but such treatment will not be withheld if the undersigned cannot be reached. I will not hold St. John's Lutheran Church or its staff liable for medical aid rendered or consent given for diagnosis/treatment of my child.

Date _____ Parent/Guardian Signature _____

Photo Consent

During St. John's youth events, Staff may wish to record via tape, videotape or photograph. I hereby voluntarily consent to allow my son/daughter/ward to be photographed and/or videotaped during such youth activities. Further, I grant permission, without compensation for the photographs and/or videotapes, including the volunteer's voice to be published by St. John's staff in its public relations and/or promotional materials without limitation.

Date _____ Parent/Guardian Signature _____