

2021-22 OSLC Youth Permission and Medical Release Form

Youth Name

Parent/Legal Guardian Name:

Phone

Alternate Phone

Email

Address

The undersigned agrees to hold Our Savior's Lutheran Church harmless from any claim for injury to the above named youth arising out of or in any way connected with the Youth Ministry or Confirmation activities. If I, the undersigned parent/legal guardian, can not be contacted, we give permission for any x-rays, examinations, anesthetic, medical or surgical diagnosis or treatment and hospital services that may be rendered to said minor in the event of an emergency. It is understood that this consent is given in advance of any specific diagnosis or treatment. It is further understood that I am responsible for any and all charges for the above mentioned diagnosis, treatment, or hospital care.

Signature _____ Date _____

Medical Problems/Allergies: _____

Medications: _____

Insurance Company: _____

Policy Number: _____

Transportation Permission

My student has permission to go off site and ride in a car/van with leaders/staff involved in the youth ministry and confirmation programs of Our Savior’s Lutheran Church.

Parent/Guardian Signature

Date

Picture/Video Release

I hereby give Our Savior’s Lutheran Church permission to use my (our) likeness(es) in photographs, video recordings, or electronic images in any and all of its publications including projected on screens, websites, any form of social media and printed media for promotional and educational purposes only. I understand and agree that these materials will become the property of OSLC and will not be returned. I hereby authorize OSLC to edit, alter, copy, exhibit, publish or distribute these images for purposes of publicizing the organization's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my/our likeness appear(s). Additionally, I waive any right to royalties or other compensation arising or related to the use of my/our image. I hereby hold harmless and release and forever discharge OSLC from all claims, demands, and causes of action which I/ourselves, my/our heirs, representatives, executors, administrators, or any other persons acting on my/our behalf or on behalf of my/our estate have or may have by reason of this authorization.

Release for Adults: I am 18 years of age and am able to contract in my own name.

Adult Signature

Date

Release for Minors: I hereby certify that I am the parent or guardian of the named minor and do hereby give my consent, without reservation, to the release on behalf of this person.

Parent/Guardian Signature

Date