



PARENT/GUARDIAN PARTICIPATION CONSENT

I, _____ (Name of parent or guardian), am the parent or legal guardian of _____ (name of minor hereinafter “my student”) and I am informed of the student ministry activities offered by Family of Christ Lutheran Church located at 675 Baptist Road, Monument, CO, beginning on this day through **DECEMBER 31, 2019**. As the parent or legal guardian of my student, I hereby consent for my student to attend and participate in all activities provided by this house of worship.

Print name of parent or guardian _____ **Date** _____

Signature of parent or guardian for student _____

My student is to be excluded from the following activities: _____

(If no exclusions, please write “none”)

PARENT/GUARDIAN PHOTO CONSENT

During student ministry events, there will be photos taken for church use on the web site and/or slideshows. Will you give us your permission to use these photos of your student, knowing that your student’s name will not be attached to these photos.

I give permission for FOC to use my student’s photo: Yes No

Print name of parent or guardian _____ **Date** _____

Signature of parent or guardian for student _____

PARENT/GUARDIAN CONSENT TO MEDICAL, DENTAL or HOSPITAL CARE

Consent is given to Family of Christ Lutheran Church for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my student. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my student. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my student, I am responsible for the health care decisions of my student and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my student is legally sufficient and that no consent from any other person is required by law.

Print name of parent or guardian _____ **Date** _____

Signature of parent or guardian for minor youth _____

PRINT NAME OF STUDENT: _____

EMERGENCY CONTACT/RELATIONSHIP	Cell Phone
SECONDARY EMERGENCY CONTACT/RELATIONSHIP	Cell Phone
ADDITIONAL INFORMATION WE SHOULD KNOW (Allergies?)	

RELEASE WAIVER and INDEMNITY AGREEMENT

It is the intention of _____ (**Name of parent or guardian**), by this agreement to exempt and relieve Family of Christ Lutheran Church from liability for personal injury, property damage, or wrongful death of _____ (**name of minor hereafter referred to as "student"**) caused by any act of negligence of Family of Christ Lutheran Church and its officers, agents, servants or employees.

For and in consideration of permitting "student" to observe or use any facility or equipment of Family of Christ Lutheran Church or engage in and/or receive instruction in any activity or activity incidental thereto some of which may involve dangers and risk of bodily injury at Family of Christ Lutheran Church in the city of Colorado Springs, County of El Paso and state of Colorado, the undersigned parent and/or guardian of "student" hereby voluntarily and absolutely releases, discharges, waives and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage or wrongful death occurring to "student" as a result of "student's" observing or using facilities or equipment of Family of Christ Lutheran Church or engaging in or receiving instructions in any activities some of which may involve dangers and risk of bodily injury or in activities incidental thereto wherever or however the same may occur and for whatever period said activities or instructions may continue.

The undersigned parent or guardian of "student" for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against Family of Christ Lutheran Church or its officers, agents, servants or employees, the undersigned parent or guardian will indemnify and hold harmless Family of Christ Lutheran Church and its officers, agents, servants or employees from any and all claims or causes of action by "student" or by any other person or entity, by whomever or wherever made or presented, and under no circumstances will the undersigned parent or guardian of "student" present any claim against Family of Christ Lutheran Church and said persons for personal injuries, property damage, wrongful death or otherwise, caused by any act of negligence by Family of Christ Lutheran Church and said persons.

The undersigned parent or guardian represents that he/she has read this release, has requested and has been provided with, or has requested and declined advisement on the potential danger/risk of engaging in the observation, activities or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and the legal consequences of the signing of this release. The undersigned parent or legal guardian intends his or her own signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Print name of parent or guardian _____ **Date** _____

Signature of parent or guardian for minor youth _____