



**Liability/Medical/Media Release for  
Children's Ministry  
Effective August 2022 – August 2023**

In consideration for the undersigned child being accepted by Our Savior's Lutheran Church of Sioux Falls, South Dakota, for participation in children's ministry, I/we, being the parent(s) or legal guardian(s) of the undersigned child, do release and agree to hold harmless Our Savior's Lutheran Church of Sioux Falls, South Dakota, and its chaperones, employees, agents, and representatives from any and all liability, claims, damages or demands for personal injury, as well as damage and expenses, of any nature that may be incurred by the parent/guardian and child/participant while the child is participating in children's ministry events/activities.

In the case of an emergency, I/we, being the parents(s) or legal guardian(s) of the undersigned child, understand that every effort will be made to contact me/us. If I/we cannot be reached, we give Our Savior's Lutheran Church permission to act on my/our behalf in seeking emergency treatment for my/our child in the event that such treatment is deemed necessary. I/we give permission to those administering emergency treatment to do so using those measures deemed necessary. I/we absolve Our Savior's Lutheran Church from liability in acting on my/our behalf and assume the responsibility of all medical bills, if any.

I/we grant permission for Our Savior's Lutheran Church to use pictures/video of my/our youth involved in educational and fellowship activities planned by the church. These pictures could be displayed on the church's website, in the church, or as part of a publication.

Name of Child \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Parent/Guardian Phone Number(s): \_\_\_\_\_

Best Email(s): \_\_\_\_\_

Who do you allow to pick up your child? \_\_\_\_\_

Additional Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician \_\_\_\_\_ Grade of Child (22-23): \_\_\_\_\_

Allergies, Medical Needs, Medications, Behaviors we should be aware of at this time: \_\_\_\_\_

**Wednesday School (Online) or Sunday School (In-person) or Both (Please Circle One)**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_