



**Liability/Medical/Media Release for
Confirmation and Youth Ministry
Effective August 2023 –
August 2024**

In consideration for the undersigned youth being accepted by Our Savior's Lutheran Church of Sioux Falls, South Dakota, for participation in confirmation and youth ministry, I/we, being the parent(s) or legal guardian(s) of the undersigned youth, 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 youth while the youth is participating in youth ministry events/activities or in connection with or result in from such events or activities, including transportation.

In the case of an emergency, I/we, being the parent(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 I/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 our behalf and assume the responsibility of all medical bills, if any.

I/we, give our permission to Our Savior's Lutheran Church to furnish any necessary transportation, food, and lodging for the undersigned youth and for him/her to participate fully in such trip/activity, assume all risk of personal injury, damage, and expense as the result of participation in and transportation to and from such trip/activity.

Should it be necessary for the undersigned youth to return home due to medical reasons, disciplinary action, or otherwise, I/we assume and agree to be liable for and pay all transportation costs.

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.

(Additional information on back of page.)

Name of Youth: _____ Date of Birth: _____

Parent(s)/Guardian(s) Name(s): _____

Street Address: _____

City, State, Zip: _____

Phone Number(s): _____

Grade: _____ Email: _____

Additional Emergency Contact Name: _____

Phone #: _____ Emergency Contact's Relationship to Youth: _____

Insurance Company: _____

Policy Number: _____

Physician: _____

Hospital Preference: _____

Allergies, Medical Concerns or Needs, Medications, or Behaviors we should be aware of at this time: _____

Parent/Guardian Signature: _____

Date: _____