



Emergency and Liability Release form

In consideration for being accepted by Salem Lutheran Church for participation in all supervised youth group activities, mission activities or church activities, both on Salem Lutheran Church grounds or activities outside of the church grounds. This release form is valid for 1 year.

Adults 18+

I being 18 years of age or older, do hereby release, forever discharge and agree to hold harmless Salem Lutheran Church, its directors and supervisors of Salem activities, both on church grounds and off church grounds, claims or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred while participating in any and all trips and activities.

Initial _____

Parent/guardian of under 18

I, the parent or guardians, of the participant hereby grant permission for him/her to participate fully in Salem Lutheran Church's trips, missions, or activities and release, forever discharge and agree to hold harmless Salem Lutheran Church, its directors and supervisors on both church grounds and off church grounds. In the event of an emergency I hereby give my permission take said participant to a doctor/hospital and do authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, before the end of the scheduled trip, I hereby assume all transportation costs.

The undersigned further hereby agree to hold harmless and indemnify Salem Lutheran Church, its directors, employees, and agents, for any liability sustained by said church as the result of neglect, willful or intentional acts of the participant, including expenses incurred attendant thereto.

Initial _____

Name of Participant

Name Parent/Legal Guardian of Participant

Signature of Participate if 18+

Signature of Parent/Legal Guardian

Date

Date

Please complete the participant's health information on the back of this form

Participant Name

Insurance company

Emergency contact

Policy Number

Emergency contact relationship

Physician's Name

Emergency Contact Phone Number

Physician's Phone Number

Please list any allergies we should be aware of:

Please list any health issues/problems we should be aware of:
