

FAMILY OF CHRIST LUTHERAN CHURCH RELEASE FORM

I give permission for my child to travel with Family of Christ Lutheran Church for the church-sponsored event listed below. I understand that there are inherent risks involved with any trip or activity and I agree to not hold Family of Christ Lutheran Church, its staff or leaders responsible for any injury or loss incurred while participating in this activity.

In the event of an emergency while traveling, I give permission for necessary medical treatment to be provided for my child.

I also agree that, in the event that a medical or behavioral issue deems it necessary for my child to be sent home, I will be responsible for any travel costs incurred.

****Parents: Please check here if you will chaperone _____**

Name of son/daughter _____

Age _____ Event: _____

Start Time: _____

Print Parent Names _____

Parent's Signature _____ Date _____

Preferred Daytime Phone _____ 2nd Daytime # _____

Preferred Evening # _____ 2nd Evening # _____

If I am unable to be reached in an emergency, please try to contact one of the following:

Name _____ Phone _____

Name _____ Phone _____

Insurance Company _____ Policy # _____

Doctor/Phone Number _____

_____ I give permission for Family of Christ to use any photos of my child on the church website or for other publicity or information-sharing purposes.

Please list any relevant medical information on back of form