

YOUTH EVENT RELEASE AGREEMENT

Release Agreement ("Agreement") executed on the _____ day of _____, 200____, by

_____ of _____ City of _____
(Youth name) (Address)

_____ County, _____, herein referred to as "Releasor."
(county) (state/zip)

DEFINITIONS: (For the purposes of the Agreement set forth below shall have the meaning set opposite them.)

RELEASOR: The person participating in the Event and signing this Agreement.

PARENT/GUARDIAN: The parent or lawful guardian of a minor Releasor signing this Agreement in such capacity.

RELEASEES: St. Mark Lutheran Church – Omaha, NE, its officers, employees and members.

EVENT: Any one or more program, activity, competition or other event referred to individually or collectively herein below, conducted, sponsored and/or otherwise participated in by St. Mark Lutheran Church, including any transportation of Releasor to and from the location or area where the Event is held in a vehicle owned and/or operated by Releasees.

In consideration of being permitted to participate in the following:

**ALL 9/1/2009 THRU 9/1/2010 YOUTH EVENTS
SPONSORED, CONDUCTED OR PARTICIPATED IN BY
ST. MARK LUTHERAN CHURCH**

Releasor, for himself/herself and, as applicable, his/her spouse, legal representatives, heirs and assigns, hereby releases and discharges Releasees from all liability to Releasor and, as applicable, his/her spouse, legal representative, heirs and assigns, for any and all loss or damage, and any claim or damages resulting therefrom, on account of injury to Releasor's person or property, even injury resulting in death of the Releasor, whether caused by the negligence of Releasees or otherwise, while the Releasor is participating in the Event, including, but not by way of limitation, any and all loss or damage and any claim or damages resulting therefrom, on account of injury, death or damage to property, while being transported to or from the Event in any vehicle owned and/or operated by Releasees and/or one or more others who/which are providing transportation to and /or from the event. . Releasor hereby assumes full responsibility for the risk of bodily injury, death or property damage due wholly or in part to the negligence of Releasees or otherwise while traveling to or from the Event in a vehicle provided by Releasees or while at and participating in the Event.

If the Releasor is a minor, by the execution and delivery of this Agreement, the Releasor's Parent/Guardian, for and in consideration of Releasees permitting Releasor to participate in the Event, assumes all risks imposed by conditions relating to the Event, and participation therein by Releasor and hereby voluntarily releases, waives and discharges Releasees of and from all liability to Parent/Guardian from any and all claims, demands, losses or damages on account of any personal injury suffered by or the death of Releasor, as well as damage to property of Releasor or Parent/Guardian, caused or alleged to have been caused, in whole or part, by the negligence of Releasees.

By execution and delivery of this agreement Parent/Guardian hereby agrees to indemnify and hold Releasees harmless from and against any and all loss, expense or damage to Releasees, or the person or property of others arising from or growing out of Releasor's participation in the Event.

RELEASOR (participating youth signature) _____ **Date:** _____

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____

Address _____

City _____ **State** _____ **ZIP** _____

Telephone: Home _____ Work _____

EMERGENCY INFORMATION FOR ALL 2009-2010 YOUTH EVENTS

Name: _____ SS# _____
(Last) (First) (MI)

Address: _____
(Street) (City) (State) (Zip)

Male: _____ Female: _____ Age: _____ Phone: _____ Date of Birth: _____

Parent/Guardian Name: (if under 21): _____

Parent's Phone (if different than above): _____ Work _____

HEALTH INFORMATION: To be completed by ALL Participants

General: Do you have: (If "yes", please explain)

_____ Yes _____ No Allergies? _____

_____ Yes _____ No Heart Condition? _____

_____ Yes _____ No Other? _____

Are you subject to: (If "yes", please explain)

_____ Yes _____ No Fainting? _____

_____ Yes _____ No Sleep Walking? _____

_____ Yes _____ No Upset Stomach? _____

_____ Yes _____ No Other? _____

Do you have reaction to (If "yes", please explain).

_____ Yes _____ No Bee Sting? _____

_____ Yes _____ No Penicillin? _____

_____ Yes _____ No Other Drugs? _____

_____ Yes _____ No Poison Ivy, Oak, Sumac? _____

_____ Yes _____ No Other? _____

_____ Yes _____ No Have you had any serious illness or surgery within the past ten years? _____

_____ Yes _____ No Do you have any conditions that would prevent you from participating in any activities?
Please list: _____

_____ Yes _____ No Are you diabetic?

_____ Yes _____ No Do you have any sight or hearing impairment?

_____ Yes _____ No Do you wear contact lens?

Date of last Tetanus shot? _____ Please list ANYTHING else the leaders should know to help
avoid or deal with any situation that might arise: _____

INSURANCE INFORMATION: MUST BE INCLUDED

Health Insurance Co. _____ Policy N. _____

Name of policy holder: _____ SS# _____

Name of another person to contact: _____ Friend/Relative

Address: _____
(Street) (City) (State) (Zip)

Telephone: Home: _____ Work: _____

Family Doctor's Name: _____ Work Phone: _____

Family Dentist's Name: _____ Work Phone: _____

Do any pre-certification, notification, or other requirements exist with respect to the health insurance participant? _____ If so, specify _____

PLEASE COMPLETE OTHER SIDE OF PAGE

MEDICAL AND DENTAL CARE CONSENT AND AUTHORIZATION (For those under 21 years old)

(I) (We) the undersigned parent(s) and/or natural guardians of _____ SS#: _____ a minor, do hereby authorize my child's Youth Group Event Adult leader (and/or any other adult appointed by him/her) to (1) consent to medical, surgical and/or dental care for such minor child, (2) consent to any diagnostic tests, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such minor child, (3) admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care and (4) sign all necessary consents and authorizations, including authorizations to release medical records. It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical or dental care being required but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely, and willingly. **(Your signature must appear below or your child will not be permitted to attend the youth Event.) I agree that I, not St. Mark Lutheran Church, will be responsible for all such services provided pursuant to this consent and authorization form.**

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____