

**All Saints Lutheran Church  
Youth Ministry Participation Form**

**Date** \_\_\_\_\_

I/We give consent for \_\_\_\_\_ (please print name of minor) to attend any youth ministry events being sponsored by All Saints Church, Byron, IL

In the event that he or she is injured while attending or participating in such events, I hereby authorize All Saints Lutheran Church and its' employees, agents, and representatives, to seek and obtain medical assistance from healthcare provider, and do further consent and will be responsible for any reasonable medical treatment as deemed necessary by a licensed healthcare provider.

I/We further agree to hold the licensed healthcare provider, the medical facility, and its' employees, agents, and representatives free and harmless of any claims, demands or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the events and the risks involved and do hereby release All Saints Lutheran Church and it's employees, agents and representatives from any and all liability for any injury suffered in connection with such event and specifically agree to and covenant that neither my child nor anyone on behalf of my child shall institute any legal proceedings against All Saints Lutheran Church, its' employees, agents, or representatives for the recovery of any amounts whatsoever in connection with such event and specifically agree to and covenant that neither my child nor anyone on behalf of my child shall institute any legal proceedings against All Saints Lutheran Church, its' employees, agents, or representatives for the recovery of any amounts whatsoever in connection with such injury.

Name of Parent/Guardian: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Alternate person/phone#: Name \_\_\_\_\_ phone# \_\_\_\_\_

Birth date of minor \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Allergies, medications, etc. \_\_\_\_\_

Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Primary Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_\_ I give All Saints Lutheran Church permission to photograph and video  
(Initial)

record my child and use those photos or video in any way to show participation in church activities.