



Grace Lutheran Church

# Waiver Release Form

Grace Lutheran Youth 2015

594 Church Street First Floor (office) Royersford, PA 19468

(610) 948-3684

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**Please complete this form and return it to the church office.**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Student E-mail: \_\_\_\_\_ Parent/Student Cell Phone: ( ) \_\_\_\_\_ Texting? \_\_\_\_\_

Grace Member? Y N Baptized? Y N Date: \_\_\_\_\_ 1st Communion? Y N Date: \_\_\_\_\_

Confirmed? Y N Date: \_\_\_\_\_

Please list any thing that you think may be helpful for us to know while working with you such as challenges or special needs (this information will be kept confidential—access to leaders only)

\_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Family E-mail: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Emergency Contact (other than above): \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital/Clinic/Primary Doctor and Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Medications & reason: \_\_\_\_\_

Allergies? \_\_\_\_\_ Restrictions on diet or exercise? \_\_\_\_\_

I hereby give permission for \_\_\_\_\_ to participate in and be transported to all events that the Youth of Grace Lutheran church sponsor on and off site for the period of today's date through August 31st 2015.

I hereby release Grace Lutheran Church and all its representatives from all liability on and off site, in the event of an accidental injury. In the event that I am not readily available, I, the natural parent or guardian, authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician. Such treatment will only be taken when advisable by a physician to safeguard my child's health. It is understood that treatment will not be withheld if the undersigned cannot be reached.

# Participant Covenant

In all activities that Grace Lutheran church will sponsor, I am a representative of this Christian community and I am responsible for my actions and words. I am a child of God and I will be my best for God. I understand the guidelines below are not just for the church but will also help me grow as a Christian and become a leader and mentor in the church.

1. I will respect the property that we are blessed to have and use it by the consent of others and of the church.
2. I will not use or have possession of drugs, alcohol, tobacco, or weapons of any kind while participating in church functions or at anytime while on church grounds.
3. I am going to respect the adult leaders of Grace, as well as other adults that are involved in the event.
4. I will treat others as I want to be treated, with respect. I will not say mean things to hurt others and I will not hit or fight with others.
5. I will participate to my fullest ability.

## Participant:

I, \_\_\_\_\_, understand that these guidelines are to ensure that the youth events put on/participated in by Grace Lutheran are for my safety as well as to keep my heart in Christ. I will follow these guidelines. Should I not follow them, I will accept the consequences decided upon by the ministry leader(s), including parent notification and possible removal from the activity.

**Signature of youth:** \_\_\_\_\_ **Date** \_\_\_\_\_

## Parent/Guardian:

I/We, \_\_\_\_\_, have reviewed this covenant with my/our child(ren) and understand it. I/We support the ministry leaders and will be responsible for expenses incurred as a result of our child breaking the covenant.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

## Photo Consent

*As a part of publicity, advertising, promotional, and documentation, we try to take event photos of participants. These photos can be included in brochures, websites, social media (youth facebook/twitter/Instagram/on the youth blog), and in event advertisements. For privacy purposes, we would like your permission to print/post you and/or your child's picture in these various ways. Any questions can be directed to the youth director, Kelsey.*

\_\_\_\_\_ (Parent/Guardian Initial)

**I hereby give my consent, authorizing the use and reproduction of any/all photos taken of me and my child(ren) by Grace Lutheran Church and/or event volunteers for any purpose without compensation to me. All negatives and positives with the prints are solely the property of Grace Lutheran Church . Precautions will be taken to ensure they are used for church purposes only. I understand the use of the pictures is not guaranteed.**

\_\_\_\_\_ **I will not allow any picture of me or my child(ren) to appear on social media**

\_\_\_\_\_ **I will not allow any picture of me or my child(ren) to appear in any publication whatsoever**