

TRINITY LUTHERAN CHURCH AND SCHOOL
Downtown Orlando, Florida
Activity Consent and Liability Release Form
This form must be signed by parent/guardian of participants under 21.

PARTICIPANT NAME: (Last) _____ (First) _____

BIRTH DATE: _____ MALE: _____ FEMALE: _____ SS#: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

CUSTODIAL PARENT/GUARDIAN: _____

HOME PHONE: _____ CELL PHONE/PAGER: _____

HEALTH PLAN CARRIER: _____

NAME OF INSURED: _____

RELATIONSHIP TO PARTICIPANT: _____

SS# OF POLICY HOLDER OR INSURANCE ID NUMBER: _____

FAMILY DOCTOR: _____ OFFICE PHONE: _____

SECOND PARENT OR EMERGENCY CONTACT PERSON: _____

RELATIONSHIP TO PARTICIPANT: _____

HOME PHONE: _____ CELL PHONE/PAGER: _____

Please specify if any health insurance pre-certification, notification, or other requirements exist for the participant:

Please copy the front and back of participant's/cardholder's insurance card in the space below.

Medical Card Copy Front

Medical Card Copy Back

CONSENT AND RELEASE FORM (continued)

I understand that the event for which this Activity Consent and Liability Release Form is being given is described as follows:

The Confirmation Retreat March 23 – 25, 2007, held at the St. John Lutheran Church Retreat Center, 42528 Maggie Jones Road, Paisley, FL, 32767. This includes transportation to and from the event in the cars of adult chaperones.

I hereby consent to participation of my child in the above-described event. I have read the informational materials regarding the planned activities. I am aware that in addition to the planned activities, the participant also may choose to participate in various recreational activities that may involve additional risks, such as: running, jumping, dancing or other physical movements during sports activities or games.

I understand that I have a duty to provide primary accident and medical insurance for my child and I declare that my child is covered by primary accident and medical insurance.

I RELEASE AND FOREVER DISCHARGE TRINITY EVANGELICAL LUTHERAN CHURCH AND SCHOOL, THE LUTHERAN CHURCH – MISSOURI SYNOD, THEIR AGENTS AND SERVANTS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES FROM ANY AND ALL DAMAGES AND CAUSES OF ACTION EITHER AT LAW OR IN EQUITY THAT I MAY HAVE AS A RESULT OF MY CHILD'S PARTICIPATION IN, ATTENDANCE AT, AND TRAVEL TO AND FROM THE EVENT. FURTHERMORE, I DO HEREBY EXPRESSLY STIPULATE, AND AGREE TO INDEMNIFY AND HOLD FOREVER HARMLESS TRINITY EVANGELICAL LUTHERAN CHURCH AND SCHOOL, THE LUTHERAN CHURCH – MISSOURI SYNOD, THEIR AGENTS AND SERVANTS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES AGAINST LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMANDS OR ACTIONS IN LAW OR IN EQUITY THAT MAY HEREAFTER BE MADE OR BROUGHT BY ME OR MY CHILD, BY ANYONE ON BEHALF OF ME OR MY CHILD, OR BY ANYONE ELSE OF THEIR OWN BEHALF FOR DAMAGES OR ANY OTHER LEGAL OR EQUITABLE REMEDY ON ACCOUNT OF ANY INJURY, ILLNESS, PHYSICAL CONDITION, INCONVENIENCE OR LOSS SUSTAINED BY ME OR MY CHILD DURING THE EVENT OR TRAVEL TO AND FROM THE SAME.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

Parent/Guardian Signature

Date

I, the undersigned, hereby acknowledge that I understand the expectations and responsibilities of my participation in this event. I will respect and obey the adult leaders and will conduct myself in a God pleasing manner at all times.

Participant Signature

Date