

Beitel Memorial Lutheran Church
2515 Austin Highway
San Antonio, Texas 78218
210- 655-2574

Activity Consent Form

My child, _____ will be participating in the following event
being sponsored by Beitel Memorial Lutheran Church activity _____
on Date _____.

I have been advised of the nature and extent of the activities that may take place and represent to you that my child is physically able to participate in these activities.

I understand that the activity does represent the risk of injury, or even death and I have been advised of these possibilities. I represent to you that I assume the risk of any such injury or death and hold Beitel Lutheran, her agents, employees and representatives harmless from any liability for injury or death to my child while engaged in/traveling to and from this activity and agree to indemnify and defend Beitel and her agents against any claim or liability asserted against them for any such injury or death to myself.

I also hold you, your agents, employees and representatives harmless from all liability to any other person or entity arising as a result of the conduct of my child in this activity and agree to defend and indemnify Beitel, her agents, employees and representatives against any claim or liability arising as a result of such injury or death.

If my child is in need of medical and hospital treatment, I authorize Beitel and her agents to arrange in my behalf for such medical and hospital treatment as they may deem advisable for my child's health and well being.

Participant's Name _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

Age _____ Birth Date _____

Preferred Physician: _____ Phone _____

Preferred Hospital: _____

Sponsoring Organization or Person _____

Location of Event _____

Parent's Signature _____ Date _____

This form must be signed and returned. Only those who return this form properly signed can be allowed to participate.

Rev 8/2001

Liability/ Medical Release
RELEASE OF ALL CLAIMS

We, the undersigned parent(s) or legal guardian(s) for _____, do hereby release, forever discharge and agree to hold harmless **Beitel Memorial Lutheran Church** and the sponsors and representatives thereof from any and all liability, claims, or demands For personal injury, sickness, or death, as well as property damage and expenses of any Nature whatsoever which may be incurred by my child in the course of participation in **Youth Group Activities** on the scheduled date(s). Furthermore, We agree to assume all responsibility for any of the previously mentioned occurrences.

We give authorization for the church to provide all necessary food, transportation, and lodging (if applicable).

We as parents/legal guardians of the child-participant, give our permission for him/ her to participate fully in any trip/activity.

We give authorization and permission for our child to participate in Youth Group activities, and for any representative of the church to obtain necessary medical treatment. We will assume responsibility for any medical bills incurred.

We give our permission to take the participant to a doctor or hospital and authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

We understand that we will be contacted if at all possible and that our family physician will be contacted if possible, but in the event that he/ she cannot be reached, the minister/ trip leader may choose a reputable physician.

Should our child have to return home before the group for medical of disciplinary reasons, we hereby assume any costs incurred.

Full Name of Child

Father:

Date:

Both parents must sign, unless parents are separated or divorced in which case the Custodial parent must sign.

Mother:

Date:

Parent(s) daytime phone

Parent(s) evening phone

Legal Guardian

Date:

Guardian(s) daytime phone

Guardian(s) evening phone

Pastor's Phone

Physician's Name: _____

Phone: _____

INSURANCE INFORMATION:

Hospital Insurance: YES NO

Insurance Company: _____ Policy Number: _____

EMERGENCY CONTACTS:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____