



South Shore Trinity Lutheran Church Release Form

(Effective dates September 1, 2022 – August 31, 2023)

Photos/Videos:

By signing below, I am giving South Shore Trinity Lutheran Church the permission to take photos and video recordings of my child during The Forge Youth Ministry gatherings, for use in promotion of the church and its ministries, in church services, bulletin boards, the church website, social media and other church publications. (Names will not be given or displayed without prior approval from the legal guardian.)

Liability:

I understand The Forge Youth Ministry gatherings and give my permission to my child's participation. By signing below, I agree to release South Shore Trinity Lutheran Church and its representatives from any claim for personal injury or damages resulting from my child's participation in The Forge Youth Ministry.

Medical Emergency:

By signing below, I give South Shore Trinity Lutheran Church my permission, when I cannot be contacted, to take my child to the emergency room of the nearest hospital (in a private automobile or emergency vehicle). I further provide the hospital and its medical staff my authorization to provide treatment which a physician deems necessary for the well-being of my child.

Transportation Authorization:

By signing below, I am giving permission for my child to ride in a vehicle designated by the adult in whose care my child has been entrusted while attending and participating in activities sponsored by South Shore Trinity Lutheran Church. I agree to the terms and conditions as stated above.

Child's Name: _____ Age: _____ Birthdate: _____

Parent/Guardian's Signature: _____ Date: _____

Printed Name: _____

Emergency Contact Number (for immediate need): _____

Alternate Emergency Contact Name & Number: _____

INSURANCE INFORMATION: PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR CHILD'S INSURANCE CARD, AND LIST ON THAT PAGE ANY OF THE FOLLOWING: MEDICAL HISTORY/KNOWN ALLERGIES TO FOOD, DRUGS, BEE STINGS, ETC. AND MEDICINE CURRENTLY TAKEN, WHAT MEDICAL CONDITION IT IS TAKEN FOR AND ANY ADDITIONAL MEDICAL NEEDS IN IMMEDIATE CIRCUMSTANCES (ex: EPI PEN).

Parent/legal guardian signature: _____ Date: _____