

Lutherans Engaged in Mission

Consent and Liability Release Form

PARTICIPANT'S NAME _____ AGE _____ BIRTH DATE _____

ADDRESS _____

E-MAIL ADDRESS _____

HOME PHONE _____

CELL PHONE _____ Parent (if minor) CELL PHONE _____

PARENT(S)/GUARDIAN NAME(S) _____

OTHER EMERGENCY CONTACT _____ PHONE _____

(MINORS ONLY) I hereby give permission for my child: _____
("Participant"), to attend and participate in the mission trip to Mexico dated February 15-24, 2019.

LIABILITY RELEASE: In consideration of "Lutherans engaged in Mission: allowing the Participant to participate in trips & activities, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Lutherans Engaged in Mission, its leaders, directors, employees, volunteers and agents (collectively herein the "Church") 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 the undersigned and the youth Participant while involved in the children's ministry activities, other than in incidents considered to be gross negligence. I hereby grant my permission for the Participant to participate fully in all activities on the trip.

Furthermore, I [and on behalf of our (my) minor youth-Participant(s)] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein, other than incidents considered to be gross negligence.

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation, food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize medical treatment for myself, or an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Zion Lutheran Church. My youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation in private vehicles.

Participant's Signature: _____

Parent/Guardian Signatures _____ / _____ Date _____