

Zion Lutheran Church, 1305 17th Street SE, Auburn, Washington 98002 (206) 833-5940

**ACTIVITY PERMISSION AND RELEASE FORM**

**Liability Wavier:** I understand that Zion Lutheran Church of Auburn, Washington or any of its advisors, superintendents, volunteers, or employees (hereafter referred to as servants) assume no responsibility for injuries or illness that my child (named below) may sustain as a result of his or her participation in or observation of activities during church related functions. I expressly acknowledge on behalf of myself and my child that I assume responsibility for any and all injuries and illness which may result from his or her participation in these activities. I hereby release Zion Lutheran Church of Auburn, Washington and its servants from any and all claims for injury, illness, death, loss or damage which he or she may suffer as a result of participation in these activities.

**Property Loss:** I understand that Zion Lutheran Church of Auburn, Washington is not responsible for personal property lost, damaged, or stolen while members or participants are using Zion's facilities or while away at a church-sponsored activity.

**Insurance:** I understand that it is my responsibility to provide for my child accident and health coverage while participating in all Zion Lutheran Church activities.

**Medical Release:** I authorize Zion Lutheran Church's servants, as my agents, to give consent to medical or dental treatment by a licensed EMT, physician, hospital, or dentist when such treatment is deemed necessary by the caregiver, and I cannot be contacted within a reasonable time or otherwise unable to give such consent. I authorize Zion Lutheran Church and its servants to give First Aid, CPR, or other treatment by a qualified staff member. I agree to be responsible for all costs and expenses incurred in connection with such medical and dental services rendered to my child.

**Transportation:** I hereby give permission for my child to ride in any insured vehicle (with seat belts) operated by an adult over the age of 21 and in whose care he or she has been entrusted while attending and participating in activities sponsored by Zion Lutheran Church of Auburn, Washington.

**Permission:** I hereby give permission to the below named child to participate in the following activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date & time of activity: \_\_\_\_\_

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Emergency Name/Phone Numbers \_\_\_\_\_

Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note on the back of this form any special information, e.g. medications, restrictions, conditions, etc.