

Youth Permission and Medical Release Form

2018-2019 Youth Ministry

Youth Information

Youth Name: _____ Male _____ Female _____

Age: _____ Grade: _____ School: _____ T-Shirt Size: _____

Home Phone _____

Cell Phone: _____ Can Pr. Brad Text You? _____ Yes _____ No

Address: _____

Youth Email: _____

Parent Information

Parent/Legal Guardian: _____

Address(Same as above _____): _____

Home Phone: _____ Work: _____ Cell: _____

Would you like to receive Pastor Brad's group texts? _____ Yes _____ No

Parent Email: _____

The youth named above has my permission to attend and participate in the activities of the St. Philip Lutheran Church youth ministry programs, confirmation programs and Sunday School programs for the period of 2018-2019.

The undersigned agrees to hold St. Philip Lutheran Church harmless from any claim for injury to the above named youth arising out of or in any way connected with the Youth Ministry activities. If we, the undersigned parent/legal guardian(s) can not be contacted, we give permission for any x-rays, examinations, anesthetic, medical or surgical diagnosis or treatment and hospital services, that may be rendered to said minor in the event of an emergency. It is understood that this consent is given in advance of any specific diagnosis or treatment. It is further understood that I/we the undersigned are responsible for any and all charges for the above mentioned diagnosis, treatment, or hospital care.

Transportation: My student has permission to go off site and ride in a car/van with leaders/staff involved in the youth ministry program at St. Philip Lutheran Church.

Parent/Legal Guardian Signature _____ Date _____

Medical Problems/Allergies: _____

Medications: _____

Insurance Company: _____

Policy Number: _____

Picture/Video Release Form

I/we hereby grant ST. PHILIP LUTHERAN CHURCH (SPLC) and sweetjeanmedia.com (website of members Doug and Sandra Murphy) permission to use my (our) likeness(es) in photographs, video recordings or electronic images in any and all of its publications including the TV monitor, websites, any form of social media and pictorial directory entries for promotional and educational purposes only. I/we understand and agree that these materials will become the property of SPLC and/or SweetJeanMedia and will not be returned. I/we hereby authorize both entities to edit, alter, copy, exhibit, publish or distribute these images for purposes of publicizing the organization's programs or for any other lawful purpose. In addition, I/we waive the right to inspect or approve the finished product, including written or electronic copy, wherein my/our likeness appear(s). Additionally, I/we waive any right to royalties or other compensation arising or related to the use of my/our image. I/we hereby hold harmless and release and forever discharge SPLC and/or SweetJeanMedia from all claims, demands, and causes of action which I/ourselves, my/our heirs, representatives, executors, administrators, or any other persons acting on my/our behalf or on behalf of my/our estate have or may have by reason of this authorization.

Release for Adults: I/we am/are 18 years of age and am/are competent to contract in my/our own name. If there are persons under age 18, a parent or guardian has signed below. I/we have read this release before signing below and understand the contents, meaning and impact of this release.

(Signature of 18 year old)

(Signature of 18 year old)

(Date)

(Printed Name of 18 year old)

(Printed Name of 18 year old)

Release for Minors: I hereby certify that I am the parent or guardian of the following people under 18 years of age and do hereby give my consent, without reservation, to the foregoing release on behalf of this (these) person (people).

(Name of child)

(Name of child)

(Name of child)

(Name of child)

(Name of child)

(Name of child)

(Parent/Guardian's Signature)

(Date)

Request for NO Images Published:

I do not give my permission for my child(ren), guardian(s) or my images to be used by St. Philip or SweetJeanMedia for any reason.

(Parent/Guardian's Signature)

(Date)

(Parent/Guardian's Printed Name)