

# Word of Peace Youth Ministry

## Event Permission Form

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**\*This form must be turned in to the Word of Peace Youth Ministry Office out prior to each youth event.**

### **EVENT PERMISSION:**

I give \_\_\_\_\_ (youth's full name) permission to participate in \_\_\_\_\_ (event) on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date of event).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **LIABILITY CLAUSE:**

I, \_\_\_\_\_ (printed name of parent/guardian), being the parent or legal guardian of the youth listed above have been informed of the event/ activity sponsored by Word of Peace Lutheran Church of Rogers (Word of Peace) and hereby give my consent for my minor child to participate in the event with the understanding that all reasonable safety precautions will be taken by the leaders of this event and that the possibility of an unforeseen hazard does exist.

I further agree not to hold Word of Peace, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form. I consent to emergency medical treatment for my child. I am responsible for the health care decisions for my child and agree that my insurance plan is the primary plan to pay for their medical treatment. I, the undersigned parent/guardian of the above named person, hereby consent to any and all medical, hospital, and surgical care that may be deemed necessary by qualified physicians without further consent, provided that the physician or hospital is unable to reach the telephone numbers listed. I understand that all effort will be made to contact me and then, if necessary, those listed as alternates. The alternates have been notified and understand they have our authorization to give consent for treatment when I cannot be reached. In the event that I or my alternatives cannot be reached, I give permission to the activity leader to make decisions necessary for treatment.

I hereby voluntarily release, forever discharge, and agree to hold harmless Word of Peace, its members, officers, pastors, employees, and volunteers . In signing this document, I fully recognize that if the minor is hurt while he or she is engaged in this activity, I will have no right to make a claim or file a lawsuit against Word of Peace or other released parties. I also agree to reimburse Word of Peace, its members, officers, pastors, employees, and volunteers for any loss, damage, liability, cost or expense they suffer as a result of any such claim or lawsuit brought against Word of Peace by the named minor. I am aware that this is a release of liability, and I sign it of my own free will.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_