



The Lutheran Church of Mahomet

410 East Andover Drive . Mahomet, IL 61853 . 217-586-4786 . LcofM.org

YOUTH GROUP ACTIVITY LIABILITY RELEASE & MEDICAL INFORMATION FORM

ACTIVITY: _____ DATE: _____ COST: _____

Print or type all information CLEARLY in ink. This form is required for attendance at all activities and is valid only for the dates listed above.

Participants 18 and over may sign for themselves. If the participant is under 18, at least one legal guardian must sign.

Participant's Full Name _____ Birth Date _____ M/F _____

Address _____ City _____ Zip _____

Parent or Guardian Name(s) _____ Phone 1 (____) _____ Phone 2 (____) _____

Medical Insurance Carrier _____ ID/Group # _____ Phone _____

By submitting this form I (We) acknowledge that any photos/videos produced remain the property of The Lutheran Church of Mahomet and permit The Lutheran Church of Mahomet to use such photos/videos for church related purposes and publicity. I (We) understand that the first name of the participant may be posted with the photos/videos.

I (We), the undersigned, do hereby release, forever discharge, and agree to hold The Lutheran Church of Mahomet, its staff and volunteers, harmless from any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage of any nature whatsoever, which may be incurred or suffered by the undersigned and/or participant while attending, participating in, or traveling to/from any church sponsored event or activity.

Furthermore, I (We) hereby assume all risk of personal injury, sickness, death, damage and expenses arising from the undersigned and/or participant's participation in all activities, including recreation and work activities involved in any church sponsored event or activity. In addition, I (We) authorize and grant permission to furnish all necessary transportation, food, lodging, and medical treatment for the undersigned and/or participant.

I (we) give permission for diagnoses, treatment, and prescription of medication in accordance with standard medical practice by appropriate health care personnel. I (We) release The Lutheran Church of Mahomet, its staff and volunteers of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I (We) agree to accept any and all financial responsibility as a result of medical treatment.

Furthermore, I (We) understand that The Lutheran Church of Mahomet, its staff and volunteers will not be liable if the undersigned and/or participant fails to cooperate with the rules and that any infraction of the rules may result in immediate dismissal from the event or activity at my (our) expense.

If the participant is under 18 years of age: I (We), the parents or legal guardians, hereby grant permission for the above named participant, to fully participate in the above activity and all its undertakings. My child agrees to abide by all the rules and regulations stated by The Lutheran Church of Mahomet, its staff and volunteers.

I (We) acknowledge that a copy of this form is as valid as the original.

SIGNATURE OF PARENT(S) OR LEGAL GUARDIAN(S) DATE

Participant Medical History

Allergies: _____ Medical Conditions: _____ Current Medications: _____

Additional Emergency Contact:

Name: _____ Relationship: _____

Phone 1 (____) _____ Phone 2 (____) _____

OFFICE USE ONLY:

FEE PAID\$ _____ DATE _____ COPIES GIVEN TO ACTIVITY LEADER (X) _____ YOUTH DIRECTOR (X) _____