

**Three Lakes Evangelical Free Church Permission Slip for 2017-18**

PARTICIPANT/PARENT/GUARDIAN  
WAIVER AND INDEMNITY AGREEMENT

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Event: **All Inclusive Youth Ministry Events for the year 2017-18**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**This is an annual permission slip. This comprises youth ministry related activities for the year of 2017-18. There may be other waivers or permission slips applicable throughout the year, but the presence of, or lack thereof in no way nullifies this form which includes all youth ministry related events with the Evangelical Free Church of Three Lakes Wisconsin for the year 2017-18.**

In consideration of your accepting me or my child for participation in the above named program, activity or sport, I hereby, for myself, my heirs, executor and administrators, waive and release any and all rights and claims for damages that I may have against the above named organization and its agents, employees, representative, successors and assigns for any and all injuries suffered by myself or my child that arise out of the above named program, activities or sport sponsored by the above-named organization.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above named organization harmless of and from any and all liability of whatever nature which may arise out of result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against the above-named program, activity, or sport, I will personally indemnify, defend and hold harmless the organization and its agents, employees, representatives, successors and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

I have read and understand this Agreement and have willingly placed my signature below as evidence of acceptance of all the conditions contained herein.

**Signature Required:**

Participant \_\_\_\_\_ Date \_\_\_\_\_  
(If participant is not a minor)

Parent \_\_\_\_\_ Date \_\_\_\_\_  
(If participant is a minor)

Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(If participant is a minor)

**PHOTO RELEASE: I give permission for the discretionary use of photographs/video of my child in Three Lakes Evangelical Free Church publications (website, bulletin boards, facebook, youtube etc.)**

YES\_\_\_ NO\_\_\_

(Please complete other side)

Three Lakes Evangelical Free Church  
Authorization for Medical Treatment Form

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

### Authorization for Medical Treatment

This release and consent give Three Lakes Evangelical Free Church permission to take my child to the nearest available medical facility and have any necessary emergency treatment administered.

I understand that every effort will be made to contact me. However, in case of emergency, if I cannot be reached, I hereby give permission to the Three Lakes Evangelical Free Church to act on my behalf in seeking medical treatment by qualified personnel for my child in the event that such treatment is deemed necessary or advisable for my child's health, safety, and welfare. I release the Three Lakes Evangelical Free Church and all medical providers from liability in acting on my behalf in this regard in rendering such medical treatment.

In an emergency, you may call the person listed below in the event a parent cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Comments regarding my child's medical history, allergies, or drug reactions, etc., which may be needed in the case of any emergency treatment:**

---

**Current Medications: (Medications must be sent with participant in their original containers.)**

Medication Name	For	Dosage
_____	_____	_____
_____	_____	_____

Health Insurance Co.: \_\_\_\_\_ Group No.: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insured under whose name? \_\_\_\_\_

Participant's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Note: I understand that my personal insurance is primary.**

I have read and understand this agreement.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

(Please complete both side)