

**Concordia Lutheran Church – Individual Participant Form**  
Please fill out this form and carefully read all the terms and conditions

**PERSONAL INFORMATION**

First Name:

Last Name:

Sex:

Age:

Date of Birth:

Street Address (street, city, state, zip):

**EMERGENCY CONTACT**

First Name:

Last Name:

Relationship:

Phone Number:

Email Address:

**MEDICAL PROFILE**

List any medical conditions:

List any food or medicine allergies:

List any dietary restrictions (i.e. celiac disease, gluten free, vegetarian):

Date of Tetanus Immunization (must be within last 10 years):

I, the undersigned, do give permission for an attending physician or hospital to administer medical care if deemed necessary by the physician or hospital staff.

I, the undersigned, do for myself (hereby release from all claims and forever hold harmless the directors, officers, employees, and agents of Concordia Lutheran Church, from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred by myself.

I also assume personal responsibility for all medical bills for myself.

### **MODEL RELEASE**

I hereby give Concordia Lutheran Church and its representatives and agents absolute permission to take and use photographs and video recordings of participants for any purpose and media, and waive any propriety, personal or other right to the photographs or video recordings.

### **SIGNATURE**

Please sign below. By signing your name, you agree to all its terms and conditions.

Participant Signature: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

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