

First Lutheran Church
3600 25th Street
Columbus, IN 47203
P-(812) 372-1256 F-(812)372-8113
www.flccolumbus.org

Participant Information:

Participants Name: _____ Male _____ Female _____

Address: _____ Phone Number: _____

Emergency Contact: _____

Emergency Contact Number: _____

List all Current:

Allergies: _____

Illnesses: _____

Physical problems: _____

Medications: _____

Name of Health Insurance Company covering participant: _____

Insurance Address: _____

*Please attach a copy of the Medical Insurance Card.

Photograph Publication Permission:

I grant permission to First Lutheran Church (FLC), its administrators, and staff to publish photographs and/or videos that may include images of my child(ren) on the FLC website, facebook, newsletters, and/or local newspapers. I understand my child will not be identified by name without special permission as assigned below, and then only for the purpose of recognition of a special accomplishment.

I understand that I have the right to request prior knowledge of publication of any photograph and/or video and the right to visually inspect such materials before publication.

(The following only needs to be checked if you want to be notified prior to your child's name and/or photo being published.)

____ I grant permission to FLC, its administrators, and staff to publish a photograph of my child(ren) listed above, including names, and age, for the purpose of recognition in the monthly newsletter, on the website, and other special publications. I understand that I will be notified of my child's inclusion prior to publication.

Signature of Parent/Guardian: _____ **Date:** _____

First Lutheran Church
RELEASE AND WAIVER FORM

If the Participant is a Minor, Their Guardian agrees to the following:

- I agree to wave any and all rights and claims for damages that I or my spouse may have against the trip sponsor and its agents, employees, and representatives for any and all injury, damage or loss sustained by the participants arising directly or indirectly out of the trip;
- I further agree that, in the event that I, my spouse, the participant, or another child in my care should make any claim against the trip sponsor for damage, injury or loss arising directly or indirectly out of the trip, I will personally indemnify, defend and hold harmless the trip sponsor and its agents, employees, and representatives against any and all such injury, damage, or loss; and
- I authorize the trip sponsor or their representative to obtain any medical treatment for the participant that should be necessary during the trip, and I will be responsible for the payment of expenses relating to such illness and injury.

I affirm that I have the right to authorize and agree to the forgoing. I have carefully read and understand this agreement, and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Signature of Parent/Guardian: _____ **Date:** _____

**Note: The trip, trip sponsor, and participant referred to in this agreement are shown on the reverse side of this form.

If the Participant is an Adult, participant agrees to the following:

- I agree to waive any and all rights and claims for damages that I or my spouse may have against the trip sponsor and its agents, employees, and representatives for any and all injury, damages, or loss sustained by the participant arising directly or indirectly out of the trip;
- I further agree that, in the event that I should make any claim against the trip sponsor for damage, injury or loss arising directly or indirectly out of the trip, I will personally indemnify, defend and hold harmless the trip sponsor and its agents, employees, and representatives against any and all such injury, damage, or loss.

I affirm that I have the right to authorize and agree to the forgoing. I have carefully read and understand this agreement, and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Signature of Parent/Guardian: _____ **Date:** _____

**Note: The trip, trip sponsor, and participant referred to in this agreement are shown on the reverse side of this form.