

LORD OF LIFE, PERMISSION, RELEASE, AND CONSENT

FOR: All Children's Events
DATE: September 1, 2003 – August 31, 2004
Lord of Life Lutheran Church
3801 S. Panther Creek Drive
The Woodlands, TX 77381
Phone: 281-367-7016 Fax: 281-363-4716

Last Name: _____ **First:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Home Phone: _____ **Cell Phone:** _____

Date of Birth: _____ **Age:** _____ **Grade:** _____

I hereby give my permission for myself or my child to participate in an activity organized by Lord of Life Lutheran Church. I hereby release, hold harmless and absolve Lord of Life Lutheran Church, their pastors, directors, staff, sponsors and all others who have participated in the planning, organizing, and implementing of the activity, be they individuals or organizations, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss or inconvenience suffered or sustained as a result of the participation in the activity or camp. I understand that in the event I or my child requires medical treatment while engaged in the activity or camp, reasonable efforts will be made to contact my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the Lord of Life Lutheran Church staff or any adult sponsor acting on behalf of Lord of Life Lutheran Church with respect to the activity, to consent to any x-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all my child's medical allergies, medications being taken, medical problems and other pertinent information. Finally, I agree that Lord of Life Lutheran Church may tape or photograph my child and record his or her voice during their participation in the activity or camp. I agree that Lord of Life Lutheran Church will be able to use them, in whole or in part, whether in original or modified form in any manner or media, including without limitation, for the purpose of advertising, promoting and publicizing Lord of Life Lutheran Church whether during the activity or thereafter.

I hereby release and discharge Lord of Life Lutheran Church in The Woodlands, TX and all affiliated entities from any and all claims, demands, or causes of action that I have in connection with the use and exercise of the rights granted in this release.

If applicable I am listing any medical problems or allergies:

Name of Insurance Company: _____

Policy Number: _____

Emergency Contact Person: _____

Emergency Day Number: _____ **Night Number:** _____

Signature of Parent or Legal Guardian: _____ **Date:** _____