

## VBS MEDICAL AND LIABILITY RELEASE FORM

I/We, hereby grant permission for \_\_\_\_\_ (Youth's Name) \_\_\_\_\_ to participate in youth group related activities with Lutheran Church of the Cross (LCC). In consideration of the benefits and opportunities afforded my child by his/her participation in these activities, I state as follows:

I hereby give permission for images of my child, captured during regular and special LCC youth group activities through videos and photos to be used for promotional material and publications, and waive any rights of compensation or ownership thereto.

I/We authorize a LCC representative to obtain medical treatment for my child in the event of injury or illness, agree to pay any expenses incurred, and agree to hold LCC harmless and indemnify LCC for any expenses incurred. Further, I/We release LCC and its directors, officers, staff, employees, and/or volunteer members from any liability regarding obtaining medical treatment, it being my/our desire that my child be furnished with such medical services as soon as reasonably possible.

I/We hereby release, forever discharge, and agree to hold LCC and its directors, officers, staff, employees, and/or volunteer members harmless from any and all liability, claims, or demands for personal injury, sickness, death, property damage, or expenses of any nature whatsoever which may be incurred by my child while the child is participating in any LCC activities or trips, including transportation in private or commercial vehicles.

The undersigned declares that he/she is the legal guardian, parent, or custodian of the child named in this release and has authority to execute this release.

Youth Name: _____	Parent/Guardian Name: _____
Address: _____	Home Phone: _____
City, State, Zip: _____	Work Phone: _____
Birthdate: _____	Cell Phone: _____
Youth's Phone: _____	Signature: _____
School: _____	Date: _____

Special Medical Considerations (please list any special medical information that would be important for us to know about this youth, i.e., diabetic, allergies, asthma, etc.): \_\_\_\_\_

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