



**SHEPHERD
of the HILLS
LUTHERAN CHURCH**

24850 SE Issaquah - Fall City Rd. Issaquah, WA 98029 Telephone (425)391-8431

Release Period: September 1, 2010 - August 31, 2011

Minor Medical Information, Consent and Release of Liability
Church policy **REQUIRES** a completed form for **EACH** participating child under the age of 18 years.

Child's Full Legal Name: _____ Date of Birth _____ Gender: M / F

Address: _____ City: _____ Zip _____

Home Phone: _____

Parent(s) Name(s): _____ Work Phone: _____

Cell Phone(s): _____

Primary Insurance Carrier _____ Phone Number: _____

Primary Insured Name: _____ Relationship: _____

Doctor's Name: _____ Phone Number: _____

Hospital of Choice: _____

Emergency Contact: _____ Relationship _____

Home Phone: _____ Cell Phone: _____

Known Allergies: _____

Current Medication(s): _____

Physical /Mental/Developmental Needs: _____

Special Dietary Needs/Concerns: _____

Date of Last Tetanus Shot: _____

Medical Consent and Release: I, the Parent or Guardian, give permission for my child to attend on and off-site events, sponsored by Shepherd of the Hills Lutheran Church (SHLC) on and between the dates mentioned. I also understand that every effort will be made to contact me if my child needs medical treatment. If it is impossible to do so, I give my permission to medical personnel selected by the adult leadership to secure proper treatment; to transport, to hospitalize, order injections, anesthetize, x-ray or do surgery for my child. I do hereby release and forever discharge SHLC from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Participant's involvement in a SHLC activity or with the decision by any representative of SHLC to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.

Liability Release: I, the Parent or Guardian, will hold harmless SHLC and its assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the above named participant's involvement in any SHLC activity. This discharges SHLC from liability or claim with respect to any bodily injury, personal injury, illness, death or property damage that may result from the Participant's activity with SHLC whether caused by the negligence of SHLC or its leaders, teacher, staff or committee members or otherwise. SHLC does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical or disability insurance, in the event of injury or illness.

Other: The Parent or Guardian expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Washington. The Parent or Guardian agrees that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington. The Parent or Guardian agrees that in the event that any clause or provision of this Release shall be held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provision of the Release which shall continue to be enforceable. Permission is hereby granted to use photos of, quotes from and likenesses of the Participant in print or electronic media such as, but not limited to brochures, web pages, video tape and others as deemed useful by SHLC for marketing purposes by and for SHLC. Any claim or right is hereby waived to any royalty fees that might be applicable for the use of such images, quotes or likenesses.

Parent/Guardian: _____
(print name clearly)

Parent/Guardian: _____ Date: _____
(signature)