

S.O.S. Team Summer 08

“Stretch Our Souls” 2008 PERMISSION FORM

Parental/Guardian Consent Form and Liability Waiver

Participant's Name: _____

Birth Date: _____ Grade (Fall 2007): _____ (please circle) M F

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____
(Father) (Mother)

I, _____, grant permission for _____
Parent/Guardian *Child's Name*

to participate in SOS 2008 from June 18-July 16, 2008. There are a variety of service projects and activities planned with potential for injury. Susan Leet, Jennifer Niemec, Lisa Kueter, Brett Christensen, Fr Mike Tess, and Pastor Jon Baker will be the individuals in charge, along with other volunteer adult leaders. We (I) being 21 years of age or older, do for ourselves (myself) and for and on behalf of my (our) child-participant if said child is not 21 years of age or older hereby release, forever discharge and agree to hold harmless St. Albert the Great Church, Bristol Lutheran Church, Our Savior Lutheran Church, Good Shepherd Episcopal Church, Sacred Hearts Catholic Church, and Sun Prairie United Methodist Church directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-described trip or activity.

My child understands (his/her) responsibilities as a Christian Youth and will act appropriately in representing these area churches at this function. The above youth leaders reserve the right to remove any youth from the program if inappropriate behavior continues after appropriate reminders have been communicated to both my (our) child-participant and myself. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to his authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by these churches.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.

Further authorization and permission is hereby given to said churches to furnish any necessary transportation, food and lodging for this participant.

We also give our permission to allow any videos/pictures taken on this event to be posted at participating churches.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above phone number, contact: _____ at _____

Other Medical Information:

Medication my child is taking at present: _____

Family Doctor: _____ Phone Number: _____

Insurance Company Name: _____

Name of Policy Holder: _____ Group Policy #: _____

Authorization Phone Number: _____

As parent or guardian, I agree to all of the above stated considerations and conditions.

SIGNATURE: _____ Date: _____

Turn over please ►