

# Bethel Church Release and Medical Consent Form

Name of Participant (please print) \_\_\_\_\_

Name of Parent or legal guardian \_\_\_\_\_

## Liability Release Agreement

I/we understand that there are inherent risks involved in any event, and we hereby release Bethel Lutheran Church, its staff and volunteers from any and all liability due to any injury, loss or damage to person or property that may occur during the course of our involvement with Bethel Lutheran Church, 312 Wisconsin Avenue, Madison, WI 53703. (608-257-3577)

## Transportation Home Agreement

I/we understand that any behavior unbecoming of Christian youth is grounds for the restriction or dismissal from the youth activity. If the participant named above is dismissed from the youth event, I/we will be responsible for transportation home.

## Medical Release Agreement

I/we the undersigned are the parents having legal custody, or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a youth event operated by Bethel Lutheran Church of Madison, WI. In the event that he/she is injured while attending the event and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without our consent, I/we hereby authorize \_\_\_\_\_, the lead adult of our group, or a member of Bethel Lutheran Church staff to give such consent for us if I/we cannot be reached by phone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a phone call. In the event it becomes necessary for that person to give consent for us, I/ we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/ we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above.

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_ Known Allergies \_\_\_\_\_

Current Medications or Health Conditions \_\_\_\_\_

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**Emergency Contact Information**

1. \_\_\_\_\_  
**Relationship to participant** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_  
**Work Phone** \_\_\_\_\_  
**Cell Phone** \_\_\_\_\_

2. \_\_\_\_\_  
**Relationship to participant** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_  
**Work Phone** \_\_\_\_\_  
**Cell Phone** \_\_\_\_\_

**Insurance Information** – *if this section is left blank, it implies the participant is uninsured, and all necessary medical expense will be the responsibility of the undersigned. Bethel Lutheran Church event leaders will be only the party of conveyance.*

**Name of health insurance company** \_\_\_\_\_

**Health insurance policy number** \_\_\_\_\_

**Phone/address of health insurance company** \_\_\_\_\_

**Policy holder's phone number** \_\_\_\_\_

*Participation at a Bethel Lutheran Church event is contingent upon compliance with all the policies stated on the previous page: Liability Release, Transport Home, and Medical Release.*

**Parent/Guardian (1) (Print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian (2) (Print)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_