



ST.MARK LUTHERAN CHURCH VBS
RELEASE OF LIABILITY AND HEALTH FORM

Please complete the following health form and return it along with your completed VBS registration. For Youth under 18 years of age, the enclosed health form must be completed. **If there are no health problems or activity limitations listed, a physical is not needed. A physical is required only** if there are any health problems or activity limitations noted in the health history on the health form. A photocopy of a completed physical form signed by a physician and dated within the last twelve months is acceptable. Parents or legal guardians must complete the following form:

NAME OF ATTENDEE: Last _____ First _____ MI _____

DATE OF BIRTH: _____ AGE: _____

Gender: Male: _____ Female: _____ GRADE COMPLETED: _____

PARENT/GUARDIAN: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Home: () _____ Work: () _____ Cell: () _____

IF NOT AVAILABLE, IN EMERGENCY CALL OR NOTIFY:

NAME: _____ RELATIONSHIP: _____

PHONE: Home: () _____ Work: () _____ Cell: () _____

IN THE EVENT OF AN ACCIDENT OR INJURY REQUIRING MEDICAL ATTENTION, YOUR PERSONAL INSURANCE WILL BE CONSIDERED THE PRIMARY CARRIER.

INSURANCE COMPANY NAME and ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

INSURED: _____ POLICY # _____

EMPLOYER NAME: _____ GROUP # _____

IN THE EVENT THE ABOVE NAMED YOUTH PARTICIPANT NEEDS TO SEE A DOCTOR FOR AN ILLNESS WHILE AT THE RETREAT, THE BILL SHOULD BE SENT DIRECTLY:

- Check one: TO THE PARENTS
 TO THE PARENTS' HEALTH INSURANCE COMPANY



OPERATIONS OR SERIOUS INJURIES (dates): _____

CHRONIC OR RECURRING ILLNESS: _____

CURRENT MEDICATIONS: _____

IMMUNIZATION HISTORY:

Please note the date of the shots or most recent booster doses. If dates are unknown, please indicate if the person has received the immunization.

DPT SERIES: _____ BOOSTER: _____

POLIO OPV: _____ BOOSTER: _____

MEASLES: _____ SMALLPOX: _____

TETANUS BOOSTER: _____ TYPHOID: _____

AUTHORIZATION:

In consideration of this application and me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur, THE FOLLOWING ENTITIES OR PERSONS: St. Mark Lutheran Church and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;
- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I am permitted to engage in all prescribed activities except as noted by me and/or examining physician.

In the event of an EMERGENCY, and my emergency contacts cannot be reached, I hereby give permission to the physician selected by St. Mark Lutheran Church to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

Print Participant's Name

Age

Signature of Parent or Guardian

Date

for Minor Participants (under 18 years old)