

**July 1, 2018-July 30, 2019**  
**PARENTAL PERMISSION SLIP, CONSENT TO TREATMENT of MINOR**  
**PAYMENT/REIMBURSEMENT AGREEMENT, and LIABILITY RELEASE FORM**

**For Activities Sponsored at or by: ST. MATTHEW LUTHERAN CHURCH**  
**2040 S. Commerce Road, Walled Lake, MI 48390, (248) 624-7676, FAX: (248) 624-0685**  
**48380 Pontiac Trail, Wixom, MI, 48393, (248) 624-9525, FAX: (248) 669-8696**

In consideration for being accepted by St. Matthew Lutheran Church, Walled Lake and Wixom, Michigan, for participation in church sponsored youth activities, we (I, being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant, if said child is not 21 years of age, or older), do hereby release, forever discharge and agree to hold harmless St. Matthew Lutheran Church and the 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.

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 expense as a result of participation in recreation and work activities involved therein, whether on site at the church or at an offsite activity.

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

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by said church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

I also do hereby authorize any adult worker with youth of St. Matthew Lutheran Church, as agent(s) for me, to consent to any examination, x-rays, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

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.

Name of Youth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M/F: \_\_\_\_\_

Parent or Guardian's Name(s): \_\_\_\_\_ Home Phone No.: (\_\_\_\_) \_\_\_\_\_

Cell Phone No.: (\_\_\_\_) \_\_\_\_\_ Parent Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Name/Other Telephone No. for Emergency Contact: (\_\_\_\_) \_\_\_\_\_

Heart trouble, diabetes, asthma, **allergies** or other condition we should be aware of? List: \_\_\_\_\_

Immunizations up to date: \_\_\_ Yes \_\_\_ No Year of most recent Tetanus immunization: \_\_\_\_\_

NAME of INSURANCE COMPANY: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Group No.: \_\_\_\_\_ Insured's Employer: \_\_\_\_\_

Telephone for Insurance/HMO Carrier: (\_\_\_\_) \_\_\_\_\_ Name of Insured: \_\_\_\_\_

FAMILY DOCTOR/HMO Primary Caregiver: \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

**NOTE TO PARENTS: St. Matthew Lutheran Church carries only excess liability insurance. This means that should your child become injured or ill on a church sponsored activity, your own family medical insurance will be billed. If you have no insurance, or if your insurance does not cover all necessary medical costs, you will be responsible for all excess medical costs.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant permission for Photo usage in Publicity and web use \_\_\_\_\_ YES \_\_\_\_\_ NO