

# St. Paul Lutheran Guest Participation Form and Waiver

<b>Contact Information</b>
Dependent Name
Address
City State Zip
Home Phone #
Date of Birth
<b>Parent Information</b>
Parent/Guardian
Work Phone
Cell Phone
Doctor's Name
Office Phone
<b>Emergency Contact Information (if parent/guardian cannot be reached)</b>
Contact Name & Phone #
Address
City State Zip
Work Phone

**General Release**

I hereby give consent in advance to the designated Youth Leaders and the volunteers of St Paul Lutheran Church and to the physicians or hospitals selected by them to render first aid treatment or deny treatment as in their judgment is reasonably necessary, including, but not limited to, hospitalization, diagnosis including taking specimens, and x-rays, giving blood transfusions, and medications, anesthesia, and surgery for my dependent listed above. I understand that the Youth Leaders of St Paul Lutheran Church will attempt to contact me before securing treatment, but that this consent is given in case I am not available in an emergency.

I release all Youth Leaders and staff affiliated with St Paul from any and all claims, loss, cost, damage, or expense arising out of or from any accident or other occurrences causing injury to a person or property.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_