

2018-2019 SCHOOL YEAR
ST MARK'S LUTHERAN CHURCH BY THE NARROWS
6730 N. 17th St., Tacoma, WA 98406
253/752-4966

PARENTAL CONSENT AND RELEASE OF ALL CLAIMS

In consideration for being accepted by St. Mark's Lutheran Church by The Narrows for participation in all St. Mark's Youth Events, we(I) being eighteen years of age or older, do for trip/event ourselves(myself) and for and on behalf of our(my) child-participant, if said child is not eighteen years of age or older, do hereby release, forever discharge and agree to hold harmless St. Mark's Lutheran Church by The Narrows, 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 may occur while said child is participating in the above described trip.

Furthermore, I(we) (and on behalf of our child-participant if under the age of 18 years) hereby assume all risk of personal injury, sickness, death or damage as a result of participation in recreational and work activities involved therein.

The undersigned further hereby agree to 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.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a physician or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to disciplinary action, for medical reasons or otherwise, we (I) hereby assume all transportation costs.

(Only participant need sign if 18 years of age or older. If under 18, both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign.)

Name of Participant (Please print)

Home Phone/Cell Phone

_____/Phone _____
Parent Signature Cell Phone _____

_____/Phone _____
Parent Signature Cell Phone _____

TRIP PARTICIPANT ONLY

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directors of the leadership of the trip.

_____/Phone _____
Or Primary Parent Cell Phone _____

Participant's signature

Participant if of legal age (18)
(over)

2018-2019 PARTICIPANT MEDICAL QUESTIONNAIRE

NAME _____ DOB _____ GRADE _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Are you currently being treated by a doctor for any condition? Yes _____ No _____

If yes, please explain _____

Are you currently taking any medications or drugs? Yes _____ No _____

If yes, please name the medication, give dosage, frequency, and how administered.

Are you affected by any of the following?

heart trouble _____ cramps _____ asthma _____ frequent nosebleeds _____

special diet _____ food allergies _____ diabetes _____ seasonal allergies _____

fainting/dizziness _____ other _____

If you have checked any of the above, please explain.

Do you have allergic reactions to any insect bites (mosquito, bee, wasp, etc.)?

If yes, do you carry any medication for it? _____

Do you know of any condition which would affect your ability to participate in strenuous outdoor activity?

Yes _____ No _____

If yes, please explain _____

Last Tetanus Shot date: _____

In case of emergency, notify the following person:

NAME _____ RELATIONSHIP _____

HOME PHONE _____ CELL PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

INSURANCE COMPANY _____

POLICY # _____

FAMILY DOCTOR _____ PHONE _____

Contact if parent/guardian can't be reached: _____

RELATIONSHIP _____ PHONE _____ CELL _____