

**Lutheran Church of the Resurrection
Neighborhood Camp
Liability Release Form**

Name of Participant

Date of Birth

Name of Parent / Legal Guardian

Home Phone

Cell Phone

Work Phone

Functions and Activities

Participating in the Neighborhood Camp of Emaus ELCA is a privilege. I know there are risks associated with these and related activities, including accidents, illness, or even death.

Release of Liability

By signing this form, I warrant that the child named above is capable of withstanding both the physical and mental demands of the program's activities. I assume all risks of the child's participation in these activities, whether they are known or unknown. I release LCR and anyone associated with it or action on its behalf from all possible claims against them as a result of participation in the activities. This release is also binding on anyone acting on behalf of me or the child. I also indemnify and hold harmless LCR and anyone associated with it or acting on its behalf from any and all claims arising from participation in its activities and programs, or as a result of injury to me or my child during such activities.

First Aid and Emergency Medical Treatment

First aid or emergency medical treatment may be needed as a result of an accident, illness of other health condition or injury. I give permission for agents of LCR to obtain any needed medical attention or treatment for the child named above including hospitalization. I agree to pay all fees and costs arising from such medical treatment. I give permission for the attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and again, I agree to pay for the medical treatment.

Special Events and Field Trips

I understand that the child named above may participate in special events and field trips during the program and I give my permission for such participation.

Publicity

Photographs or audio or videotape recordings of children and/or adults involved in activities may be made. I give permission for such photographs or recordings to be made and used in any manner and for the child to be interviewed by the news media for such photographs and other audio or visual records to be used by the news media or for camp publicity.

Health Insurance Information

Insurance Company

Policy #

Insurance Company Address and Phone

Emergency Contacts

Name

Relationship

Home Phone

Cell Phone

Work Phone

Name

Relationship

Home Phone

Cell Phone

Work Phone

Swimming Ability

_____ Non-swimmer

_____ Beginner (capable of swimming for several minutes in deep water)

_____ Moderate (capable of swimming for several lengths of pool)

Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.)

Other Information

Other information the staff should know about your child.

I represent that I am the Parent/Legal Guardian of _____ who is under 18 years of age. I have read this form and am fully familiar with its contents. I give permission for the child named above to participate in field trips and all activities of LCR Neighborhood Camp. In consideration for allowing the child's participation in these activities, I hereby consent to the waivers and consents given in this form, including the release of liability above, on behalf of the child, and agree that this form shall be binding on anyone acting on behalf of me or the child.

(Parent/Guardian Signature)

(Date)