

SHEPHERD OF THE VALLEY LUTHERAN CHURCH PARENTAL CONSENT FORM

(please print legibly)

Name _____ Age _____ Birthday _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ School _____ Grade _____

Parent email _____ Student email _____

Parent Phone Contacts: _____

Circle: Mom (business. • cell • home) Mom (business. • cell • home) Dad (business. • cell • home) Dad (business. • cell • home)

LIABILITY RELEASE (Release of All Claims) we (I), being 21 years of age or older, do hereby release, forever discharge and agree to hold harmless *Shepherd of the Valley Lutheran Church of Boise* 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 activities sponsored by Shepherd of the Valley Lutheran Church of Boise. 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. Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. 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 agree 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.

MEDICAL AUTHORIZATION

We (I) hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Physician's Name _____ Physician's Phone _____

Medical Insurance Provider _____ Policy Number _____

Additional Emergency Contacts: _____

name	relationship	phone number
name	relationship	phone number

PLEASE LIST ALL ALLERGIES AND / OR SPECIAL MEDICAL CONDITIONS:

PUBLICATION AUTHORIZATION

We (I) hereby give our (my) permission to use said participant's photographic likeness and first name in communication and marketing materials of Shepherd of the Valley Lutheran Church, including but not limited to Shepherd of the Valley's website, Facebook photo albums, brochures, newsletter, and bulletin boards.

The undersigned hereby give permission for my (our) child, named above, to attend and participate in activities sponsored by **Shepherd of the Valley Lutheran Church until _____**. I (we) also give permission for my (our) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by **Shepherd of the Valley Lutheran Church of Boise, Inc.**

Father's signature	date	or	Legal Guardian's signature	date
Mother's signature	date			