

CHRIST LUTHERAN CHURCH, 701 S. Charles St., Baltimore, MD 21230-3835
Youth Programs
Program Participation Permission

To the Parents or Guardian of: _____ (the participant) --

By your signature on this form, you are granting permission for the participant named above to participate in _____.

The Health History or Emergency Contact information supplied for this participant on the **Christ Lutheran Church Youth Programs Health History, Emergency Contact, and Emergency Medical Treatment Permission Form** for the current Church School year, which form is required to be on file for the participant before participation in any youth program, will be in effect for the duration of the program named above.

Please advise the Church office at 410-752-7179 of any change in the information supplied on that form. You may call that number during hours when the Church office is closed and leave voice mail at extension 213. Please allow enough time for adult leaders to receive the information before the event.

Take special care to inform us of new prescription medications or over-the-counter that the participant may be taking on a doctor's instructions, of any allergies not listed on the form on file, and of other pertinent health information that may have changed.

PERMISSION

I give my permission for the participant named above to participate in the Program named above, and to travel by automobile, or other conveyance, including travel by air, in connection with the Program. I understand that the participant will be under responsible adult supervision during all phases of the program.

I acknowledge and understand that the release of liability and permission for medical treatment contained in the **Christ Lutheran Church Youth Programs Health History, Emergency Contact, and Emergency Medical Treatment Permission Form** for the current Church School year shall have effect for the duration of the Program named above.

RELEASE OF LIABILITY

I understand that _____ (the participant) may be exposed to risk of injury in connection with his or her participation in the Program for which I am hereby giving permission to participate, and I understand that the participant may become ill or have a medical emergency during the Program. I hereby release and agree to indemnify and hold harmless Christ Lutheran Church, its Congregation Council, pastors, officers, agents, servants, employees, adult youth advisors, and any and all parental chaperones from any and all liability for any injury which may occur to the participant and for any damages that may be sustained by the participant in connection with his or her participation in the Program.

Parent or Legal Guardian

Date