



## Memorial Lutheran Church of Afton Child and Youth Liability Release

### Participant(s) Information

---

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Other Information: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Other Information: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Other Information: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact

---

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

### Trusted Adult List

---

In addition to Parent(s)/Guardian(s) and any other emergency contact listed on this form, these people are permitted to pick-up/sign-out my child(ren) from Memorial Lutheran events and activities:

---

---

### Permission for Publicity

---

On occasion, Memorial Lutheran takes photographs or makes an audio or video recording of children and/or adults involved in church/youth activities. I consent to the use of any such photo, audio, or video record of the one named above to be used, distributed or displayed as agents of the church see fit.

\_\_\_\_\_ I give permission for publicity. \_\_\_\_\_ I do not give permission for publicity.

*Continue to page 2.*

**Release of Liability Participant or Parent of participant under the age of 18**

I release Memorial Lutheran Church, its affiliates, volunteers, and employees of all responsibility for any injuries, to body or property, which may occur to myself or my child(ren) through participation in any and all activities offered by, or sponsored through, Memorial Lutheran Church of Afton, **except** in instances of abuse or neglect.

I further agree to indemnify and hold harmless Memorial Lutheran Church and its affiliates, volunteers, and employees of any and all claims arising from the participation of myself or my child in these activities or as a result of injury or illness of my child or mine during such activities.

I understand that I have the right, at any time, to void the future validity of this release. It is solely my responsibility to contact Memorial Lutheran Church in such event. Should I not contact Memorial Lutheran Church, **this release is to remain in effect from June 1, 2026-December 31, 2026.**

In cases of abuse of any kind or unlawful negligence, **no** volunteer, affiliate, or employee with direct involvement is protected by this release form from any charges or legal recourse stemming from such action.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Permission to participate--completed by parent/guardian under the age of 18**

By signing this waiver form, I grant permission for the child(ren) named above to participate in and engage in any and all activities offered by, or sponsored through, Memorial Lutheran Church of Afton, so long as I am made aware of each activity and approve of that activity for this child/these children. My child is/children are physically and mentally able to participate in these activities, unless I have already discussed it with one of the activity leaders. I acknowledge that there are risks involved in certain activities, and have discussed them with my child(ren), if necessary. In the event of an emergency in which I, or the alternate contact, cannot be reached, I authorize the adult leaders to make medical decisions for my child(ren), and to administer first aid if deemed necessary.

I affirm that I am the parent/legal guardian of \_\_\_\_\_, who is/are under 18 years of age. I have read the Permission/Waiver Form and I am fully aware of its contents. I give permission for the child(ren) named above to participate fully in activities with Memorial Lutheran Church.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

*Continue to pg 3.*

**Covid-19 Notice**

The risk to have direct or indirect contact with individuals who have been exposed to and/or diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies, and/or any mutation or variation thereof does exist and it is impossible to eliminate the risk that a participant could become infected through contact with or close proximity to an individual with a communicable disease.

I knowingly and freely allow my child(ren)--named on page 1--to assume all such risks, both known and unknown, and assume full responsibility for their participation.

I willingly agree to comply with stated protocols and any subsequently provided protocols--provided in writing or by another means. These may include, but are not limited to: face masking, social distancing, obligatory hand washing, etc. If staff or volunteers observe any unusual, significant hazard during my child(ren)'s participation, I may be asked to remove my child(ren) from participation until that concern is addressed.

Prior to participation in any activities, I will aid my child(ren) in completing a symptom self-check and will keep them from participating if there are any concerns raised by that check.

In the event of a positive Covid test, I will keep my child and siblings from participation in any Memorial sponsored activities for a minimum of 14 days and will alert church staff in instances where there was potential spread. If there was no potential contact, while infected, with others at any Memorial sponsored event, you are not required to notify staff of the positive test.

In the event that my child(ren) does contract COVID-19 through participation in an event sponsored by Memorial Lutheran, **I agree to release and hold harmless Memorial Lutheran Church of Afton staff, volunteers and other participants with respect to any and all illness, disability, death, or financial loss.**

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date