

PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE FORM

I hereby grant permission to Atonement Lutheran Church to use, including public display or show the participant's photograph, video, or audio clip on the Atonement website or in any other official Atonement Lutheran Church publications without further notice. I hereby consent that such photographs, films, recordings, and tapes are the property of Atonement Lutheran Church, and they shall have the right to duplicate, reproduce, crop, edit or treat the photograph, video, or audio clip as they may desire free and clear of any claim whatsoever on my part.

CHECK ONE:

- I give permission to Atonement Lutheran Church
- I do not give permission to Atonement Lutheran Church to have the image or work of my child(ren) or myself published.

NAME OF PARENT/GUARDIAN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

SIGNATURE: _____ DATE: _____



Wall Climbing Waiver

Atonement Lutheran Church
4601 South University Drive
Fargo, ND 58104

To climb the rock wall your parent/guardian must sign below.

In consideration of the minor participant's opportunity to participate in wall climbing at Atonement, the undersigned parent or legal guardian hereby knowingly, freely, and voluntarily waives any claims by the undersigned and the minor participant for negligence against Atonement Lutheran Church and its agents, arising as a result of such participation, provided that such claims are hereby waived only to the extent that the amount of any such claim exceeds the amount of insurance available to Atonement Lutheran church and its agents to pay such claim.

Print name of children:

Parent's Signature: _____ Date: _____

To be used by Faith Factory, JC's Clubhouse, Summer Camps,
Children's Weekday Ministries, Fall Carnival, and all other events at
Atonement Lutheran Church during the school year and summer of
2011-2012.



“To offer Jesus Christ, a life of discipleship, and a faith community to all people!”

2011-2012 School Year & Summer
YOUTH AND CHILD’S MEDICAL INFORMATION
FORM FOR MINOR PARTICIPANTS

Minor Participant _____

Date of Birth (day) _____ (month) _____ (year) _____ Grade in school _____

Address _____

Father _____ Mother _____

Telephone- Home _____ Telephone-Home _____

Work _____ Work _____

Cell _____ Cell _____

If either parent/guardian is not available, in case of emergency, contact:

Name _____

Telephone: Home _____ Work _____ Cell _____

Relationship to Minor Participant _____

Family Physician:

Name _____

Telephone _____

Address _____

Health Insurance:

Company Name _____

Policy No. _____

Address _____

Date of last Tetanus shot: _____

Please note any medical problems or special needs: _____

Taking any medications? If yes, list: _____

Check allergies: Hay fever _____ Insect Bites/bee stings _____ Peanuts _____ Other _____

Allergies to drugs: _____

Any Other Allergies? _____

Consent to treatment of Minor Participant

The undersigned parent or legal guardian of the minor participant consents to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child.

Waiver of Rights

In consideration of the minor participant’s opportunity to participate in youth and children’s events, the undersigned parent or legal guardian hereby knowingly, freely, and voluntarily waives any claims by the undersigned and the minor participant for negligence against Atonement Lutheran Church and its agents, arising as a result of such participation, provided that such claims are hereby waived only to the extent that the amount of any such claim exceeds the amount of insurance available to Atonement Lutheran Church and its agents to pay such claim.

Date _____

Parent or Legal Guardian of Minor Participant _____