

**St. Luke United Methodist Church "St. Luke"**  
**Release and Waiver of Liability**

In signing this form, I \_\_\_\_\_, agree not to hold St. Luke United Methodist Church ("St. Luke"), its officers, employees, or other agents liable for any injury, loss, damage, or accident that my child(ren) might encounter while attending St. Luke Summer 2018.

I hereby assume any such risks that might result from participation in St. Luke Summer 2018, and I unconditionally agree to and do hereby release and hold St. Luke, its officers, employees, or other agents blameless and harmless for any liability concerning my child(ren)'s personal health and wellbeing, or any liability for my personal property that might be lost, damaged, or stolen while participating in St. Luke Sumer 2018.

I have read the foregoing and fully understand its meaning.

Parent or Guardian (please print name): \_\_\_\_\_

Parent or Guardian Signature (if under 19 years of age): \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

# St. Luke Summer 2018 | Waiver (Must complete one separate waiver per participant)

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian  
Initial

**RELEASE AND WAIVER OF LIABILITY**

I have read and fully understand the Release and Waiver of Liability and release all claims.

**EMERGENCY CONTACT PERSON**

Name of emergency contact person(s) (in case a parent/guardian is unavailable)

\_\_\_\_\_  
Name Day Phone Name Day Phone

**PICK-UP AUTHORIZATION**

Name of person(s) authorized to pick-up participant include:

\_\_\_\_\_  
Name Day Phone Name Day Phone

\_\_\_\_\_  
Name Day Phone Name Day Phone

**TREATMENT AUTHORIZATION AND PERMISSION**

I authorize St. Luke Staff to administer immediate and emergency medical treatment, including (1) transporting my child(ren) to a hospital emergency room and (2) calling the local rescue squad or ambulance. In addition, I have, and do hereby, release and hold harmless, St. Luke, its officers, employees or agents from liability associated with the rendering of said medical treatment.

Please list specific medical allergies, chronic illnesses, or other conditions that will impact participation in camp.

**Insurance Information**

\_\_\_\_\_  
Insurance Company Policy Holder Relationship

\_\_\_\_\_  
Policy # Group #

**Medical Information**

\_\_\_\_\_  
Primary Care Physician Physician Address Phone

**PHOTOGRAPHY PERMISSION**

I give St. Luke permission to use my child(ren)'s image in any promotional materials and mediums necessary for the sole purpose of marketing and promoting of St. Luke Summer. I understand images only will be used and St. Luke will not publish my child(ren)'s name or contact information.

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