

Activities Consent Form

Student Name: _____ School and Grade: _____

Home Address: _____ Student's Birthday: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Parents'/Guardians' Name(s): _____

Parents Email: _____

Student's Email: _____

Alternative person to notify in case of emergency:

Name: _____ Relationship: _____

Phone: _____ Alt. Phone: _____

Insurance/Medical Information: (not required for participation)

Insurance Company: _____

Policy No. _____ Company Phone: _____

(If able and willing you are also encouraged to include a photocopy of your card)

Current Medical Conditions/Allergies: _____

Current Medications: _____

This is for emergency use only. If more room is needed, please use the back of the page

I, _____, give permission for _____ to participate in Lake Wisconsin Evangelical Free Church activities and functions.

I understand this may include the filming and photographing of these activities, and I give my consent for the use of photographs/video footage of my child to be used for church and church promotional purposes.

☐ Please check this box if you agree to the above sentence.

I, the undersigned parent/guardian of the above named person, hereby consent to any and all medical, hospital, and surgical care that may be deemed necessary by qualified physicians without further consent, provided that the physician or hospital is unable to reach either of us at the telephone numbers listed above. We understand that all effort will be made to contact me and then, if necessary, those listed as alternates. The alternates have been notified and understand they have our authorization to give consent for treatment when we cannot be reached.

I hereby voluntarily release, forever discharge, and agree to hold harmless Lake Wisconsin Evangelical Free Church, its members, elders, pastors, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with the minor's participation in any activity wherein personal injury may incur. In signing this document, I fully recognize that if the minor is hurt while he/she is engaged in any activity, I will have no right to make a claim or file a lawsuit against Lake Wisconsin Evangelical Free Church or other released parties. I also agree to reimburse Lake Wisconsin Evangelical Free Church, its members, elders, pastors, employees, and volunteers for any loss, damage, liability, cost or expense they suffer as a result of any such claim or lawsuit brought against Lake Wisconsin Evangelical Free Church by the named minor or any associated party. I am aware that this is a release of liability, and I sign it of my own free will.

Parent/Guardian Signature: _____ Date Signed: _____

Parent/Guardian Name (please print): _____

Lake Wisconsin Evangelical Free Church - N1640 Ryan Road, Lodi, WI – (608) 592-3091