MEDICAL RELEASE

Good Shepherd Lutheran Church 16001 NE 34th St. Vancouver, WA 360-254-5158

TO WHOM IT MAY CONCERN:

As a parent or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfiguration, physical impairment, or undue discomfort if delayed. This is granted only after reasonable effort has been made to reach me.

	BIRTHDAY:		
ADDRESS:	City/State	Zip	PHONE:
ALLERGIES, CHRONIC ILLNESS, O	OR OTHER CONDITION	S:	
INCLIDANCE COMPANY		DOLLOW NUMBER	
INSURANCE COMPANY:		POLICY NUMBE	LR:
FAMILY PHYSICIAN:		PHONE:	
This release is intended to be used from J	anuary 2018- January 2019		
This release form is completed and signed circumstances in my absence. I understan			
FATHER Signed:	Date	:	
Name of Employer:	Emplo	oyers address:	
Name of Employer: Work Phone Number:	Cell Phone Num	lber:	Pager Number:
MOTHER Signed:	Date:	:	
Name of Employer:	Emp!	lovers Address	
Name of Employer:Work Phone Number:	Cell Phone Num	ıber:	Pager Number:
LEGAL GUARDIAN Signed:	Date	::	
Name of Employer:	Emp	lovers Address	
Name of Employer:Work Phone Number:	Cell Phone Num	ıber:	Pager Number:
In consideration of being permitted to enter for purpose participate in any way in the event, Eacknowledges, agrees, and represents that he/s document and:	r any purpose any event associa ACH OF THE UNDERSIGNEI	O, for himself/herself, his/her perso	onal representative, heirs, next of kin,
of Directors, other participants, sponsors the purposes herein referred to as "releas	owners and lessors of premises ees," from all liability to the un	s used to conduct the event and each dersigned his/her personal representations.	atheran Church, volunteer staff, paid staff, Board th of them, their officers and employees, all for ntatives, assigns, heirs, and next of kin for any gned is observing, working for, or for any other
	ersigned in observing, or works		hem from any loss, liability, damage, or cost they ating in the event and whether caused by the
(3) HEREBY ASSUMES FULL RESPONS releasees or otherwise while observing, or			PROPERTY DAMAGE due to the negligence of
serious injury and/or death and/or proper	ty damage. EACH OF THE UI broad and inclusive as is permi	NDERSIGNED further expressly a itted by the law of the State or Pro-	otentially dangerous and involve the risk of agrees that the foregoing release, waiver, and wince in which the event is conducted and the if I force and effect.
further agrees that no oral representations, statindemnification agreement specifically embraceach and every event, or activity hereinabove participates so that the parties herein intended hereinabove described.	ements or inducement apart from the each and every event sanction ementioned, and has the same effect to be released and indemnified	m the foregoing written agreement oned, authorized or promoted by sa fect as if executed after each and e shall be fully and effectively relea	aid releasees during the entire year and applies to very activity in which the undersigned
PARTICIPANT	DATE PA	ARENT/GUARDIAN	DATE