**St. Paul Lutheran Church**

Youth Travel Release

## Student Information

Last Name: First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information**

**Father’s/Guardian’s Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Guardian’s/Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Information**

Emergency Contact (different than parent): Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any illnesses, medical conditions, or allergies we should know about:

**Medical Waiver and Release of All Claims Against St. Paul Lutheran**

I am aware that travel and participation in any activity carries an inherent risk. In consideration of this fact, I do hereby assume all the risk of personal injury which may occur to my child and agree to hold St. Paul Lutheran Church and volunteers harmless from any and all liability, actions, causes of actions, debts, claims, demands of every kind and nature whatsoever which may arise out of or in connection with my child’s participation in any activities arranged for my child by St. Paul Lutheran Church of Colville, WA.

We (I) the legal parent(s) or legal guardian(s) of the above named give permission for representatives to pursue appropriate medical treatment in the event of emergency or accident.

**LEGAL AUTHORIZATION FOR EMERGENCY CARE AND ACKNOWLEDGEMENT OF RELEASE OF CLAIMS**

**SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**