



## First Lutheran Church

402 S Court Street • Fergus Falls, MN 56537

218-739-3348

[www.firstlutheranchurchff.org](http://www.firstlutheranchurchff.org)

# Consent and Release Form for Children & Youth

**THIS FORM MUST BE SIGNED FOR CHURCH ACTIVITY ATTENDANCE.**

**Parent/Guardian Authorization for Health Care:** The Health Form is complete and correct, and the person described has permission to engage in all church activities except as noted by me and/or the examining physician. I give permission to the church to: 1) provide ongoing health care, and 2) select medical personnel and to order X-rays or routine tests or treatment for the child listed above. In the event that I cannot be reached in an EMERGENCY, I give permission to the physician selected by Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above. I understand that information about my child's health will be shared with the appropriate counseling, food service, or other First Lutheran church staff. This form may be photocopied for use out of church.

**Parent/Guardian Permission to use Images:**

For good and valuable consideration, I hereby grant to First Lutheran Church the irrevocable and unrestricted right to make, use and/or publish any and all photographs, videos, and other images of me/my minor child(ren) as listed below, or images in which child(ren) may be included, now existing or hereafter made, in any case, with or without identifying child(ren) for editorial, advertising, news, or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. On behalf of myself and/or my child, I specifically waive all rights to privacy and confidentiality with respect to name, likeness, voice, photographs, images, video recordings, audio recordings and identifying information.

Please check this box if you agree.

**Parent/Guardian Permission to Retain and Communicate:**

As a parent of legal guardian of the below named child/children, I agree that the organization may retain my 6th-12th grade child/children's email address and/or phone number for the purposes of short, event-oriented communications or other quick responses. These communications may occur via text or e-mail. Children in grade 5th and below will not be communicated with using social media or mobile phones in any way by staff or volunteers. I have the right to request a copy of the First Lutheran Church Staff and Volunteer Youth Communication Policy from the church office at any time.

Please check this box if you agree.

**Parent/Guardian Permission to Participate:** My child has permission to participate in all aspects of the First Lutheran Church children and youth ministry activities. I hereby release and agree to fully and

unconditionally protect, indemnify, and defend First Lutheran Church and their respective officers, agents, and employees, (collectively, "Indemnitees") and hold each Indemnatee harmless from and against any and all costs, expenses, attorney's fees, claims damages, demands, suits, judgments, losses, or liability for injuries to property, injuries to persons (including child(ren)) and from any other costs, expenses, attorney fees, claims, suits judgments, losses, or liabilities of any and every nature whatsoever arising in any manner, directly or indirectly, out of, in connection with, in the course of, or incidental to the participation of my child in church activities. REGARDLESS OF CAUSE OR OF THE JOINT, COMPARATIVE, OR CONCURRENT NEGLIGENCE OF THE INDEMNITEES.

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Print names all students in the same family to which this release applies

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Date

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Signature of Parent/Guardian

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Printed name of Parent/Guardian

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Parent /Guardian Telephone