

**TRINITY LUTHERAN CHURCH AND SCHOOL EMERGENCY MEDICAL
FORM, PERMISSION SLIP, LIABILITY RELEASE, MEDICAL RELEASE,
AND MEDIATION AND ARBITRATION AGREEMENT**

PLEASE READ CAREFULLY BEFORE SIGNING

Please attach a copy of your Health Insurance Card to this form.

Participant's name (please print) _____ Birthdate: _____

Grade/Name of School _____ Baptism Date/Year _____

Participant Cell Phone & Carrier: _____ Participant email: _____

Address: _____

Parent/Legal Guardian's name: _____ Cell Phone _____

2nd parent/guardian: _____ Cell Phone _____

Parent e-mail address: _____ or _____

Emergency Contact: _____ Cell Phone _____

Allergies: _____

Medical conditions (e.g. asthma, diabetes, hemophilia, epilepsy, allergies, etc.):

Medications Instructions _____

Type _____ Dosage _____

Health Insurance Co.: _____ Doctor: _____

Policy No.: _____ Group/ID No.: _____

I expressly consent to the participant's involvement in all Trinity activities and events September 2022 - August 2023 including, but not limited to, other recreational activities, trips, travel, and activities. I will require the participant to comply with all rules and policies for each activity and event.

I understand that participation in each activity and event could involve the risk of illness and/or injury. In consideration for the participant being permitted to be involved in the above activities and events, I hereby release Trinity Lutheran Church and School, its pastors, officers, staff, employees, volunteer workers, attorneys, agents, representatives, affiliates, successors-in-interest, and assigns (collectively "Providers") from all liability, in excess of the applicable limits of any insurance providing coverage to Providers for injury, illness, death, and property loss that may arise out of or result from these activities and events, including, but not limited to, all liability which may result from the negligence of providers, or any other person or cause. This release of liability shall apply to all activities that are in any way related to Trinity Lutheran Church and

School, whether or not such activities involve inherent risks.

Parent/Legal Guardian's Signature: _____ Date: _____

I authorize any person associated with Trinity Lutheran Church and School or any of its activities or events to administer first aid to the participant as he or she deems necessary. I authorize medical and surgical care and transportation to a medical facility or hospital for treatment necessary for the participant's well being, at my expense.

Parent/Legal Guardian's Signature: _____ Date: _____

I authorize church representatives to carry out discipline procedures as specified in the "Trinity Children and Youth Ministry Handbook" deemed necessary for my child. I also agree, if necessary, that I will pay the expense incurred by sending my youth home because of a disciplinary action.

Parent/Legal Guardian's Signature: _____ Date: _____

I agree to submit to mediation any claim or dispute that arises out of or results from any activity or event of this agreement and, if mediation is not successful, to legally binding arbitration. The mediation and legally binding arbitration will be conducted in accordance with the *Rules of Procedure of Christian Conciliation* of the Institute for Christian Conciliation or those of a similar entity. Judgment upon an arbitration award may be entered in any court otherwise having jurisdiction.

Parent/Legal Guardian's Signature: _____ Date: _____

I also authorize use by Trinity Lutheran Church and School of any photographs and videotapes in which my child/youth may appear to be used for purposes deemed appropriate by Trinity without prior consent. This use shall include, but not be limited to, the church's website and newsletter.

This agreement shall be binding upon the participant's parents, guardians, heirs, executors, administrators, and assigns and shall be governed by the applicable laws of the State of Ohio. It is the Parent/Legal Guardian's responsibility to notify Trinity Lutheran Church and School of any changes in guardianship or legal custody during the pendency of this release. Should any provision of this agreement be held in whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement shall be severable and remain in effect.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THIS LIABILITY RELEASE, MEDICAL RELEASE, AND MEDIATION AND ARBITRATION AGREEMENT.

Participant's signature: _____ Date: _____

Parent/ Legal Guardian: If participant is a minor, I verify that I am the parent or legal guardian of the minor, and I have authority to enter into this agreement on behalf of the participant.

Parent/Legal Guardian's Signature: _____ Date: _____

Parent/Legal Guardian's Signature: _____ Date: _____