

Lutheran Church of the Good Shepherd

1108 24th St. W.
Billings MT 59102
(406)656-1080

Release of Liability for 2015 –2016 Youth Events and Activities Emergency Information & Authorization for Treatment of a Minor

Child's Name _____

Family Physician _____ Phone _____

Clinic Address _____

Note any Special medical concerns:

Date of last Tetanus shot _____

Authorization for Consent for Treatment of Minor (Parent or Guardian must fill in and sign)

(I), (We), the undersigned, parent (s) or guardian (s) of _____, a minor, do hereby authorize Lutheran Church of the Good Shepherd, Billings MT, or any of its Pastors, Counselors, or representatives, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon on the medical staff of a licensed hospital; whether such diagnosis or treatment is rendered in the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our agent(s), diagnosis, treatment or hospital care which in the exercise of said physician's best judgment is available.

Signed _____ Date _____

Release of Liability

In consideration of the opportunity to have the above minor participate in any program or activity through Lutheran Church of the Good Shepherd regardless of the location, and in recognition of the possible danger of any such program or activity; the undersigned hereby knowing, freely and voluntarily waives any right of cause of action of any kind whatsoever, arising from or as a result of such program or activity from which any liability may or could accrue to the church or its Pastors, Counselors, or representatives, or agent(s). The undersigned further agrees to hold said person harmless from any claim by said minor. This document shall continue in effect for any program or activity until superseded or cancelled in writing:

Signed _____ Date _____

Photo/ Video Release

I hereby authorize and grant permission to the Lutheran Church of the Good Shepherd to reproduce my child's photographic or video image. I agree that such reproduction may be edited as desired and used in whole or in part for any and all print, audio-visual, multimedia, online, and/or exhibition purposes in any manner or media, in perpetuity, throughout the world. I understand that I have no rights to any benefits derived therefrom.

Signed _____ Date _____

