**Ascension Lutheran Church Liability Waiver 2022-2023**

Student Name:

Parent or Guardian Name(s):

Mom’s Cell: Dad’s Cell:

Email:

I, the undersigned parent or guardian of , a minor, do hereby authorize the following:

* Participation in any youth events or activities with Ascension Lutheran Church of Waterloo, IA from September 1, 2022 – August 31, 2023.
* Transporting the student in approved vehicles according to the procedures of the youth ministry of the church.
* Photos/video of my child be taken during any of the youth events/activities with Ascension Lutheran Church to be used for promotional purposes in print and/or online. (Please note if not.)

I further agree to notify the adult in charge of any activities in writing of any health concerns that would restrict my child’s participation in any normal youth activities. I will monitor my child’s health before youth activities and withhold them attending if I believe they are ill. I understand that the church is taking reasonable measures to ensure the safety and health of my child including, but limited to the COVID-19 virus and the church and any adult leaders associated with the church are not held liable for my youth during participation in any youth events or activities.

In consideration for being allowed to participate in these activities, I release from liability and waive my right to sue Ascension Lutheran Church, their employees and volunteers from any and all claims, including claims of the Church’s negligence, resulting in any physical injury, illness (including death) or economic loss I may suffer or which may result from my child’s participation in this activity, travel to and from the activity, or any events incidental to this activity.

I authorize all treatment deemed necessary by the adult leaders in the case of illness or accident requiring non-emergency medical attention. In the case of an emergency, I understand that every effort will be made to notify me. However, in the event that I cannot be reached, I authorize calling a doctor on behalf of my youth if deemed necessary by the leaders of the event/activity.

I authorize one or more of the following persons to make emergency medical care decisions on behalf of my youth, if required by law or a health care provider and to pick them up, if I cannot be reached.

Name: Relationship: Phone:

Name: Relationship: Phone:

Signature of Parent or Guardian: Date: