

**GUSTAVUS ADOLPHUS LUTHERAN CHURCH
ST. PAUL, MINNESOTA
YOUTH ACTIVITY-PARENTAL CONSENT AND RELEASE**

Activity: **Celebration of Confirmation Event – Roy Wilkins Auditorium – St. Paul**
Dates of Activity" **Wednesday, November 7, 2007**

Name of Youth: _____

The undersigned parent(s) (or legal guardian) of the above named Youth hereby grants permission for and consents to the participation in the above described Activity by the above named Youth, including travel to and from the Activity, and further consents to any emergency medical care or treatment which may be deemed to be reasonably necessary during such time.

I understand and am aware of the risks involved in the Activity and voluntarily assume all of the risks presented by the above named Youth's participation in the Activity. I understand that participation in the Activity described above presents certain hazards and may involve the risk of serious or life threatening injury. Accordingly, on behalf of the above named Youth and myself, I agree to hold harmless and hereby waive and release any and all rights, claims, actions, or causes of action whatsoever which we may have or claim to have against Gustavus Adolphus Lutheran Church, its officers, directors, agents, employees, or other persons conducting or supervising the Activity for any injury or damage arising out of or in connection with the participation by the above named Youth in the Activity. We further agree to indemnify and hold harmless Gustavus Adolphus Lutheran Church, its officers, directors, agents, employees, or other persons conducting or supervising the Activity from any loss or liability incurred by them arising out of any act or omission by the above named Youth which results in the injury or damage to any other person or property whatsoever.

Insurance Co: _____ Policy #: _____

Father: _____

Mother: _____

Legal Guardian (if applicable): _____

Home Phone #: _____ Work Phone #: _____

Name of Family Physician: _____ Phone #: _____

Please describe allergies or current medical problems: _____

Please list any medications currently being used: _____

Signature(s): _____

Date: _____