## Three Lakes Evangelical Free Church Permission Slip for 2022-23

## PARTICIPANT/PARENT/GUARDIAN WAIVER AND INDEMNITY AGREEMENT

Student's Name:			Date:
Event: All Inclusive Youth Ministry Ev	ents for the y	ear 2022-23	
Address:			
City:	_ State:	Zip:	Phone:
Email Address:			
This is an annual permission slip. This There may be other waivers or permiof, or lack thereof in no way nullifies Evangelical Free Church of Three Lake	ssion slips ar this form whi	plicable throug ch includes all T	hout the year, but the presence LEFC related events with the
In consideration of your accepting me or sport, I hereby, for myself, my heirs, ex and claims for damages that I may have employees, representative, successors a arise out of the above named program,	or my child for ecutor and ac e against the a nd assigns for	participation in th dministrators, waiv above named org any and all injurie	ne above named program, activity ve and release any and all rights ganization and its agents, es suffered by myself or my child that
I warrant that I have the right to authoriz organization harmless of and from any a such participation.			
For the consideration stated above, I fur claim against the above-named progra harmless the organization and its agents and all loss and damage occasioned the	m, activity, or , employees, ı	sport, I will persor epresentatives, su	nally indemnify, defend and hold uccessors and assigns against any
I have read and understand this Agreer acceptance of all the conditions contain		e willingly placed	my signature below as evidence of
Signature Required:			
Participant(If participant is <b>not</b> a minor)			Date
Parent			Date
(If participant is a minor)  Guardian  (If participant is a minor)			Date
PHOTO RELEASE: I give permission for Three Lakes Evangelical Free Church pu YES NO	<b>blications</b> (we		

## Three Lakes Evangelical Free Church Authorization for Medical Treatment Form

Participant's Name:		Birth Date:	Grade:
Parent/Guardian:		Relationship:	
Address:			
City:	State:	Phone:	
Authorization for Medica	al Treatment		
This release and consent give Thre nearest available medical facility			
I understand that every effort will reached, I hereby give permission seeking medical treatment by quencessary or advisable for my chill Church and all medical providers medical treatment.	nto the Three Lakes Evalified personnel for r Id's health, safety, an	vangelical Free Church ny child in the event th nd welfare. I release the	n to act on my behalf in at such treatment is deemed Three Lakes Evangelical Free
In an emergency, you may call th	ne person listed below	v in the event a parent	cannot be reached:
Name:	Pł	none:	_
Comments regarding my ch may be needed in the case		-	g reactions, etc., which
Current Medications: (Medic	cations must be se	ent with participant	in their original
containers.) Medication Name	For		Dosage
Health Insurance Co.:	G	Group No.:	
Phone Number:		<u></u>	
Insured under whose name?		_	
Participant's Doctor:		Phone:	
Note: I understand that my p I have read and understand		e is primary.	
Signature Required:		Date:	

(Please complete both sides)