

Photo/Publicity Release Policy Release

I hereby give permission for Trinity Lutheran Church to use my child's photograph or reproduction in any media, including the Internet for promotional purposes. I also waive any rights, royalties, or claim to any sales or income from such photographs and give my permission for Trinity to use these pictures at their discretion.

Parent/Guardian Signature _____ Date _____

Parent Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment for, and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance for my child will be used as coverage in the event medical intervention is needed.

I understand all reasonable safety precautions will be taken at all times by Trinity Lutheran Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Trinity Lutheran Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Print Teen Name _____

Parent/Guardian Signature _____ Date _____