

Central Lutheran Church  
 Youth Activity Volunteer  
 Medical and Liability Release Form

Participation in youth activities is a privilege. All persons who attend are expected to honor and respect all others involved, and obey the rules as stated. Alcohol, drugs, and cigarettes are forbidden.

**Volunteer Information**

Name	Date of Birth		
Home Address	City	State	Zip Code

**Emergency Contact Information**

Name / Relationship	Home Telephone Number
Work Telephone Number	Cell Phone Number

**Insurance/Medical Information**

Health Insurance Company	Policy Number
Doctor Name	Doctor Telephone Number
Please list any allergies, medications and other medical information that will be useful to know	

In the event that I may require medical attention and be unconscious or unresponsive, I expect reasonable efforts will be made to contact my Emergency Contact. However, permission is granted for the leaders of the activities to seek emergency treatment if needed.

I understand that in spite of the best efforts of the volunteer adult chaperones to provide a safe and healthy environment, circumstances may arise leading to unintentional injury or losses on my part. I do hereby release, forever discharge and agree to hold harmless Central Lutheran Church and the directors/ pastors/ volunteers thereof, from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses.

Please contact the church if any of the above information changes.

Volunteer Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_