

Immanuel Lutheran Church

1226 E. Washington
Washington, IA 52353
(319) 653-3950

Registration, Health Form, and Liability Waiver

All Immanuel Lutheran Activities **September 2017 – August 2018**

Participant's Name: _____

Address _____

City/State: _____ Zip: _____

Home Phone #: _____

Cell Phone #, whose #: _____

Does participant have any:

Physical limitations regarding participation? No _____ Yes _____

Explain: _____

Allergies (food, drugs, hay fever, insects, etc.) No _____ Yes _____

Explain: _____

Medications: List names and doses _____

Date of last Tetanus booster: _____

Emergency Contact: (in case Parents/Guardians cannot be reached)

Name: _____

Phone #: _____ (cell, home, work)

Relationship to participant: _____

Over

Physician's Name: _____

Physician's Office Phone #: _____

Insurance Co.: _____

Policy #: _____

Subscriber's Name: _____

Liability Waiver – Please read carefully

_____, I hereby consent to participating in Immanuel Lutheran Church's activities.

I understand that it is the express intent of Immanuel Lutheran's programs to provide for my safety and protection, I hereby release Immanuel Lutheran Church, its Pastor, council members, employees, volunteers, chaperones, congregational members, with whom Immanuel Lutheran Church is participating in an activity from all liability for any and all damages and injuries suffered while under the supervision, instruction, or control of Immanuel Lutheran Church.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily to its content and intent.

In the event of an emergency, if I am unable to state my wishes or the emergency contact cannot be reached, I hereby give permission for Immanuel Lutheran Church to provide routine, non-surgical medical care, and to secure emergency medical and surgical treatment, while participating in Immanuel Lutheran's activity. In the event of an accident, injury, or illness my insurance is primary.

I have read, understand, and agree with the policies and liabilities on this form:

Print Name: _____

Date: _____

Signature

I give Immanuel Lutheran Church permission to use photographs taken of myself at the discretion of Immanuel Lutheran's pastor or staff. This may include (but is not limited to) Facebook, newsletter, promotions, and evangelism used by Immanuel Lutheran Church.

Signature