

**ALL SAINTS LUTHERAN CHURCH**

P.O. Box 290067

Port Orange, Florida 32129-0067

(386) 761-9129 Fax (386) 761-3322

**RELEASE WAIVER OF LIABILITY AGREEMENT**

NAME OF STUDENT

(PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

**INSURANCE WAIVER**

I, the undersigned parent or guardian, in consideration of the above-named person being allowed to participate in the **Wednesday's Together** event, HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO USE, the volunteer chaperons, all for the purposes herein referred as "release" from all liability to the above-named person and/or undersigned, for any and all loss, injury, or damage, and any actions, claims, demands, damages, costs, or expenses therefore, which the above-named person to indemnify the release or any one of them from any loss, damage or injury may incur which the above-named person is a participant. **This waiver includes transportation in the church bus or private carrier for pick up from school or other field trips.**

**MEDICAL WAIVER**

I, the undersigned, on behalf of the above-named person, assume the risk, of bodily injury while the above-named person is participating in the **Wednesday's Together**. I further authorize the chaperones to obtain, through a physician of their own choice, any emergency care that may become reasonably necessary for the above-named person in the course of the \_\_\_\_\_ event. I further hereby state that I carry insurance which will cover any medical expenses related to injuries sustained as a result of the above-named person's participation in the event.

INSURANCE COMPANY NAME \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

I further authorize the attending physician/hospital to render any emergency care that is reasonable necessary for above-named person.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**EMERGENCY CONTACT PERSONS AND PHONE NUMBERS:**

PERSON	HOME	WORK	CELL
1)			
2)			
3)			