



MEDICAL CONSENT/PHOTO RELEASE FORM  
 Redeemer Lutheran Church  
 1500 W. Anderson Lane  
 Austin TX 78757

(I)(We), the undersigned, parent(s) of \_\_\_\_\_ a minor, do hereby authorize

**Print full name of minor**

**Representatives and Leaders of Redeemer Youth Ministry of Redeemer Lutheran Church** as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any licensed physician/surgeon, whether such diagnosis or treatment is rendered at the office of said physician/surgeon or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician/surgeon in the exercise of his/her best judgment may deem advisable.

(I)(We) hereby authorize any hospital, which has provided treatment to the above named minor to surrender physical custody of such minor to the above named agent upon completion of treatment.

These authorizations shall remain effective until \_\_\_\_\_, 20\_\_\_\_.

Month

Year

Parent or Legal Guardian

Date

**PLEASE PRINT or TYPE (Participants Information)**

Last Name		First Name		Cell Phone		Home Phone	
Street Address				City		State	
						Zip Code	
Birth date		Church Membership		Guest of			

**Emergency & Health Information (To be read and completed by parent)**

**General: Does youth have - (If "yes" - explain)**

Yes	No	Allergies
Yes	No	Heart Condition
Yes	No	Other

**Is youth subject to - (If "yes" - explain)**

Yes	No	Fainting
Yes	No	Sleep Walking
Yes	No	Upset Stomach
Yes	No	Other

**Does youth have reaction to - (if "yes" - explain)**

Yes	No	Bee Sting
Yes	No	Penicillin
Yes	No	Poison Ivy, Oak, Sumac
Yes	No	Other Drugs
Yes	No	Other

Please indicate ANYTHING else which leaders should know to help avoid or deal with any situation which might arise: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

**EMERGENCY INFORMATION:**

Insurance Company		Policy No:		Doctor's Name		Phone Number	
Father Cell Phone		Mother Cell Phone		Friend/Relative		Friend/Relative Phone Number	

EMERGENCY PROCEDURE: IN EVENT OF ANY EMERGENCY, LEADERS WILL ATTEMPT FIRST TO CONTACT THE PARENT AND/OR DOCTOR. In the event that is impossible, note below:

- Yes  No 1. With my signature I hereby authorize First Aid by staff and counselors.
- Yes  No 2. With my signature I hereby authorize emergency medical care by hospital staff and/or doctor selected by church staff or counselor.
- Yes  No 3. With my signature I authorize physician selected by church staff member to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery.
- Yes  No 4. If parent has answered "No" to either #1, #2, or #3 above, YOU MUST indicate procedure to be followed in event we are not able to contact parent.

## GENERAL RELEASE AND INDEMNITY AGREEMENT

I hereby represent that I am the parent or legal guardian of "PARTICIPANT", who is under the age of 18. For and in consideration of Redeemer Lutheran Church or Redeemer Lutheran School permitting PARTICIPANT to participate voluntarily in a photo shoot activity on or associated with Redeemer Lutheran Church or Redeemer Lutheran School, I hereby expressly assume all the risks associated with the photo shoot, and I release Redeemer Lutheran Church and Redeemer Lutheran School, its officers, employees, students, and agents from all claims, demands, suits, causes of action, or judgments which PARTICIPANT or I ever had, now have, or may have in the future or which our heirs, executors, administrators, or assigns may have, or claim to have against Redeemer Lutheran Church or Redeemer Lutheran School its officers, employees, students, or agents, arising out of or in any way connected with the photo shoot, for all personal injuries, known or unknown, property damages, or claims for wrongful death, caused by the ACTS, OMISSIONS OR NEGLIGENCE of Redeemer Lutheran Church or Redeemer Lutheran School, its officers, employees, students or agents.

I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS REDEEMER LUTHERAN CHURCH AND REDEEMER LUTHERAN SCHOOL, ITS OFFICERS, EMPLOYEES, STUDENTS AND AGENTS FROM ALL CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION, OR JUDGMENTS WHICH PARTICIPANT OR I EVER HAD, NOW HAVE, OR MAY HAVE IN THE FUTURE OR WHICH OUR HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNS MAY HAVE, OR CLAIM TO HAVE AGAINST REDEEMER LUTHERAN CHURCH OR REDEEMER LUTHERAN SCHOOL ITS OFFICERS, EMPLOYEES, STUDENTS OR AGENTS, ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE PHOTO SHOOT FOR ALL PERSONAL INJURIES, KNOWN OR UNKNOWN, PROPERTY DAMAGES, OR CLAIMS FOR WRONGFUL DEATH, CAUSED BY THE ACTS, OMISSIONS OR NEGLIGENCE OF REDEEMER LUTHERAN CHURCH OR REDEEMER LUTHERAN SCHOOL ITS OFFICERS, EMPLOYEES, STUDENTS OR AGENTS, AND ON REDEEMER'S BEHALF AND IN REDEEMER'S NAME DEFEND AT MY OWN EXPENSE ANY SUCH CLAIMS, DEMANDS, SUITS, CAUSES OF ACTION OR JUDGMENTS DESCRIBED ABOVE. I ALSO AGREE TO BE RESPONSIBLE FOR ANY PROPERTY DAMAGE OR PERSONAL INJURIES THAT PARTICIPANT OR I MAY CAUSE BY INTENTIONAL OR NEGLIGENT ACTS WHILE PARTICIPATING IN THE PHOTO SHOOT.

## PHOTO RELEASE FOR MINOR CHILD

PARTICIPANT AND I hereby grant to Redeemer Lutheran Church and Redeemer Lutheran School the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of church or school related photographs or videotaped images of PARTICIPANT for use in connection with the activities of the church or school, or for promoting, publicizing or explaining the church, school or its activities. This grant includes without limitation, the right to publish such images in the church or school newsletters, worship materials, magazines, on the church or school Web sites, and public relations / promotional materials and any other church or school related publication. These images may appear in any of the wide variety of formats and media now available to the church and school and those that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, DVD-ROM and electronic/online media. All photos taken are without compensation to PARTICIPANT. All electronic or non-electronic negatives, positives, and prints are owned by the church and school.

I have read and executed this document with full knowledge of its legal significance.

Parent/Legal Guardian's Signature

Date

Parent/Legal Guardian's Name Printed