

Three Lakes Evangelical Free Church Permission Slip and Medical Release Form
For all Inclusive TLEFC Ministry Events for the Year 2023-24

PARTICIPANT/PARENT/GUARDIAN
WAIVER AND INDEMNITY AGREEMENT

(Please list all students in your family who will be attending TLEFC events)

Participant's Name: _____	Birth Date: _____	Grade: _____
Participant's Name: _____	Birth Date: _____	Grade: _____
Participant's Name: _____	Birth Date: _____	Grade: _____
Participant's Name: _____	Birth Date: _____	Grade: _____
Participant's Name: _____	Birth Date: _____	Grade: _____
Participant's Name: _____	Birth Date: _____	Grade: _____
Participant's Name: _____	Birth Date: _____	Grade: _____

Parent/Guardian **Name** and **Cell #**:

Parent/Guardian **Name** and **Cell #**:

Address: _____

City: _____ State: _____ Zip: _____

Preferred Email Address(es): _____

This is an annual permission slip. This comprises TLEFC related activities for the year of 2023-24. There may be other waivers or permission slips applicable throughout the year, but the presence of, or lack thereof in no way nullifies this form which includes all TLEFC related events with the Evangelical Free Church of Three Lakes Wisconsin for the year 2023-24.

In consideration of your accepting me or my child for participation in the above-named program or activity, I hereby, for myself, my heirs, executor, and administrators waive and release any and all rights and claims for damages that I may have against the above-named organization and its agents, employees, representative, successors and assigns for any and all injuries suffered by myself or my child that arise out of the above-named program or activities sponsored by the above-named organization.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold the above-named organization harmless of and from any and all liability of whatever nature which may arise out of result from such participation.

For the consideration stated above, I further agree that if my child or I should make any claim against the above-named program, activity, or sport, I will personally indemnify, defend, and hold harmless the organization and its agents, employees, representatives, successors and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

Authorization for Medical Treatment

This release and consent give Three Lakes Evangelical Free Church permission to take my child to the nearest available medical facility and have any necessary emergency treatment administered.

I understand that every effort will be made to contact me. However, in case of emergency, if I cannot be reached, I hereby give permission to the Three Lakes Evangelical Free Church to act on my behalf in seeking medical treatment by qualified personnel for my child in the event that such treatment is deemed necessary or advisable for my child's health, safety, and welfare. In this regard, I release the Three Lakes Evangelical Free Church and all medical providers from liability in acting on my behalf in rendering such medical treatment.

In an emergency, you may call the person listed below in the event a parent cannot be reached:

Name: _____ Phone: _____

Comments regarding my child's medical history including current medications, allergies, or drug reactions, etc., which may be needed in the case of any emergency treatment:

Health Insurance Co.: _____ Group No.: _____

Phone Number: _____

Insured under whose name? _____

Participant's Doctor: _____ Phone: _____

Note: I understand that my personal insurance is primary.

PHOTO RELEASE: I give permission for the discretionary use of photographs/videos of my child in Three Lakes Evangelical Free Church publications (website, bulletin boards, Facebook)

YES__ NO__

I have read and understand this Agreement and have willingly placed my signature below as evidence of acceptance of all the conditions contained herein.

Signature Required:

Participant/Guardian/Participant _____ Date _____