

Waiver and Indemnity Agreement - Confirmation

A Ministry Collaboration of:
Ascension Lutheran Church, 2505 North Circle Drive, Colorado Springs, CO 80909
Christ the King Lutheran Church, 950 Vindicator Drive, Colorado Springs, CO 80919

Participant's Full Name (print) _____

Date of Birth _____ **Age** _____ **Grade** _____

I, _____ (parent/guardian) waive and release all rights and claims for any damages that I may have against Ascension Lutheran Church and Christ the King Lutheran Church, its employees and its volunteers for any and all injuries suffered by my-self or my child (listed above) that may arise out of church programs, activities, or sports. In case of a medical emergency, I/we understand that every effort will be made to contact me/us. In the event that I/we cannot be reached, by signing below I/we hereby give permission to the child or youth event leader to authorize the physician and/or medical facility to which my/our child is taken to perform necessary treatment.

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

Signature of Participant (youth) _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

Address _____

Cell Phone _____ **Work Phone** _____

If not available in an emergency, contact _____ **Relationship** _____

Cell Phone _____ **Work Phone** _____

Media Release: Ascension Lutheran Church and Christ the King Lutheran Church will take pictures of youth and activities. Some of these pictures will be used on social media and our website, without identifying children in the picture. May Ascension Lutheran Church and Christ the King Lutheran Church post anonymous pictures of your child(ren)?

By Signing below you give consent for your youth(s) pictures to be used.

Signature of Parent/Guardian _____ **Date** _____