**ACTIVITY CONSENT FORM AND APPROVAL**

**BY PARENTS OR LEGAL GUARDIAN**

First name of participant and middle initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date (month/day/year) \_\_/\_\_/\_\_\_\_\_\_\_ Age during activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional address (street address if you have a P.O. Box)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has approval to travel to and from and participate in Holy Trinity Lutheran Church’s trip to Laserdome, Manheim, Pennsylvania on October 8, 2017.

Without restrictions (please check if applicable) [ ]

With restrictions (please list all food and medicinal allergies and any special considerations or restrictions)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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My child (please check one) may be [ ], may not be [ ] photographed for publicity accorded to the event.

**HOLD HARMLESS AGREEMENT**

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and I release the Evangelical Lutheran Church of the Holy Trinity, the activity coordinators, and all employees, volunteers, related parties or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of Emergency involving my child, I understand that every effort will be made to contact me at using the above information. In the event that I cannot be reached, I hereby give my permission to the medical provider selected by the adult in charge to secure proper treatment including hospitalization, anesthesia, surgery or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow up and communication with the participant’s parents or guardian and/or determination of the participant’s ability to continue in the program activities.

Parent/Guardian printed name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_