

**THE LUTHERAN CHURCH – MISSOURI SYNOD**  
**OFFICE OF NATIONAL MISSION, YOUTH MINISTRY**  
**MEDICAL CONSENT AND LIABILITY RELEASE FORM**

This form must be completed and carried by all participants and a copy given to group leader.  
This form must be signed by parent/guardian of participants under 21.

**Please type or print in ink.**

PARTICIPANT NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PREFERRED PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

CUSTODIAL PARENT/GUARDIAN: \_\_\_\_\_

PREFERRED PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

HOME ADDRESS (IF DIFFERENT): \_\_\_\_\_

HEALTH PLAN CARRIER: \_\_\_\_\_

NAME OF INSURED: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

POLICYHOLDER/INSURANCE ID#: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ MEDICAL EXCHANGE: \_\_\_\_\_

FAMILY DENTIST: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

SECOND PARENT OR EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_

Please specify if any health insurance pre-certification, notification, or other requirements exist for the health participant.

**Please copy front and back of participant's/cardholder's insurance card in the space below:**

Medical Card Copy Front

Medical Card Copy Back

## CONSENT, INDEMNIFICATION, AND RELEASE FORM

I understand that the 2022 LCMS Youth Gathering for which this Medical Consent, Indemnification, and Liability and Activity Release Form is being given is described as follows:

A national event of The Lutheran Church – Missouri Synod for youth and their adult leaders held in Houston, Texas on July 9- 13, 2022. This event may include group training meetings and discussions, service projects, recreational activities, fellowship and learning activities.

I hereby consent to participation of myself (or of my child) in the above-described event. I have read the informational materials regarding the planned activities. I am aware that in addition to activities such as Bible study, worship, sight-seeing, using public transportation, and meal functions, the participant also may choose to participate in various recreational sports activities or service projects that may involve additional risks, such as: jumping, running or other physical movements during sports activities; or using tools or ladders or other equipment while taking part in community service projects.

I understand that I have a duty to provide primary accident and medical insurance for myself (or for my child) and I declare that I am (or my child is) covered by primary accident and medical insurance.

I DO HEREBY EXPRESSLY STIPULATE AND AGREE TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE LUTHERAN CHURCH- MISSOURI SYNOD, OFFICE OF NATIONAL MISSION-YOUTH MINISTRY, MINUTE MAID PARK, GEORGE R. BROWN CONVENTON CENTER, AND \_\_\_\_\_(NAME OF DISTRICT), \_\_\_\_\_(NAME OF HOME CONGREGATION), THEIR SUCCESSORS AND ASSIGNS, AND THEIR DIRECTORS, OFFICERS, TRUSTEES, EMPLOYEES, AGENTS, SERVANTS, AND OTHER REPRESENTATIVES (“INDEMNITEES”) FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, SUITS, DEMANDS, ACTIONS, AND LIABILITIES, WHETHER IN LAW OR EQUITY, THAT MAY HEREAFTER BE MADE OR BROUGHT AGAINST INDEMNITEES FOR INJURY TO PERSONS OR DAMAGE TO PROPERTY ARISING OUT OF OR RESULTING FROM MY OR MY CHILD’S PARTICIPATION IN THE EVENT (“CLAIMS”), INCLUDING, BUT NOT LIMITED TO, CLAIMS OF INDEMNITEE NEGLIGENCE, EXCEPTING CLAIMS OF RECKLESSNESS OR WILLFUL MISCONDUCT BY INDEMNITEES.

FURTHERMORE, I DO HEREBY EXPRESSLY STIPULATE AND AGREE TO RELEASE, WAIVE, AND FOREVER DISCHARGE THE INDEMNITEES FROM ANY CLAIMS THAT MAY HEREAFTER BE MADE OR BROUGHT BY ME OR MY CHILD, AND BY ANYONE ON BEHALF OF ME OR MY CHILD, FOR DAMAGES OR OTHER LEGAL OR EQUITABLE REMEDY ON ACCOUNT OF ANY INJURY, ILLNESS, PHYSICAL CONDITION, INCONVENIENCE, OR LOSS, INCLUDING DAMAGE TO PROPERTY, SUSTAINED BY ME OR MY CHILD DURING THE EVENT OR TRAVEL RELATING TO THE EVENT, EXCEPTING CLAIMS OF RECKLESSNESS OR WILLFUL MISCONDUCT BY INDEMNITEES.

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against THE LUTHERAN CHURCH – MISSOURI SYNOD, OFFICE OF NATIONAL MISSION – YOUTH MINISTRY, MINUTE MAID PARK, GEORGE R. BROWN CONVENTION CENTER AND \_\_\_\_\_(NAME OF DISTRICT) and \_\_\_\_\_(NAME OF CONGREGATION) and the officers, directors, employees, volunteers, and agents of each of them is knowingly given up in return for allowing my (or my minor child’s) participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

**\*PLEASE DO NOT USE DIGITAL SIGNATURES\*  
FOR PARTICIPANTS AGE 21 AND OVER:**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**FOR PARTICIPANTS UNDER AGE 21:**

\_\_\_\_\_  
Parent/Guardian of Participant  
(if Participant is under 21)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE**

**This form must be completed and signed by parent/guardian of participants under 21.  
A parent/guardian signature is needed for participant to take part in activities.**

(I)(We), the undersigned parent(s) and/or natural guardians(s) of \_\_\_\_\_, a minor, do hereby authorize my child’s Adult Leader (and/or any other adult appointed or designated by him/her) or LCMS Youth Ministry Staff to (i) consent to medical, surgical and dental care for such minor child, (ii) consent to any diagnostic tests, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such minor child, and (iii) on (my)(our) behalf, to (a) employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child, (b) admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care, and (c) sign all necessary consents and authorizations. It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical, or dental care being required but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely and willingly.

This authorization shall continue for such time as my child is participating in the 2022 LCMS Youth Gathering and during travel to and from the event.

**\*PLEASE DO NOT USE DIGITAL SIGNATURES\***

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date