## Offsite Event/Vehicle Transportation Permission Form

To provide enriching ministry experiences beyond the church setting, we will be scheduling multiple events and trips to take place throughout the next year to a variety of locations. Students are required to have advance permission to attend. Please complete the following steps to confirm whether your student will be allowed to participate and travel by the means stated herein. This form will remain valid for the duration of one calendar year, August 1st 2024 to August 1st 2025.

_	Step 1: Review the Trip Information provided.		
	Step 2: Complete the Student Information section in full.		
	Step 3: Complete the Parent/Guardian Signature section in full.		
_	Step 4: Initial the Participation Permission for which you give your approval.		
_	Step 5: Return your completed form by, no later then, First Trip Date		

Offsite Trip Information		
Destination/ Transportation	Various locations including, but not limited to, Norfolk, NE, Columbus, NE, Kearney, NE, Sioux City, IA, Sioux Fall, SD, Mapleton, IA, and Schuyler, NE (Camp Luther). Guardians will always be notified of location and travel plans before the event is set to take place. The primary means of transportation will be driving by the personal vehicles of adult leaders (Vicar and Mr. J) and other adult chaperones. Shuttles, vans, and/or buses may be used on certain occasions, if needed.	
Departure Date/Time	Multiple times throughout the next year. Guardians will always be notified of departure dates before the event is set to take place. Confirmation may be requested.	
Return Date/Time	At the conclusion of the duration of the event or activity. Guardians will always be notified of return dates before the event is set to take place. Confirmation may be requested.	
Coordinator Name/Title	Zion Lutheran Church Mr. Derek Jareske, DCE Mr. Jacob Friedrich, Vicar	
Coordinator Phone/Email	DCE Derek Jareske Cell Phone: 1-402-385-8381 DCE Email: dcejareske@zionlutheranpierce.com Vicar Jacob Friedrich Cell Phone: 630-339-6411 Vicar Email: friedrichj@csl.edu	
Participation Costs/Fees	Although at least half of the fees and costs will be covered by fundraising efforts, some additional costs will apply, for example those related to the purchasing of gifts, souvenirs, and other items. Students and guardians will always be alerted as to their contribution requirements and/or suggested funds before the event is set to take place.	
Important Notes/Supplies	As each event comes with unique features and needs, guardians and students will be alerted as to important information and supplies before the event is set to take place.	
Student Information		
Full Name		
Date of Birth		
Primary Phone Number		
Emergency Contact 1 Name/Phone		
Emergency Contact 2 Name/Phone		
Medical Considerations/Allergies		

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Parent/Guardian Signature				
Full Name				
Primary Phone Number				
Primary Email Address				
Insurance Information and Policy Number				
Signature				
Date				

Date		
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Participation Permission	S	Initials
youth ministry arm of Zion As such:  ✓ I agree to pay the fees requiand/or agreed to be provided. ✓ I agree that my student can either traveling to, traveling ace event, to do any acts which including but not limited to the employ any physician, dentisand (2) consent to and authorized events to which public, I indicate that I have a I am fully informed as to the powers to the above mention of I agree to accept responsibil otherwise, for emergency can I further agree to indemnify a Lutheran Church (including in suits, or causes of action who during, or in connection with care or treatment, except for I for the purposes of promotion our website and social media the previously specified lead be used in relation to media Additionally, I acknowledge both in I same rules of students while I students are subject to the sterms of participation. ✓ Students are expected to fol any and all trips and events sound.	Lutheran Church throughout the 2024-2 fred for my student's participation in all events about do by the church and event leaders. The transported in a vehicle with the event leaders around, or traveling back from specified event locaters, the adults in whose care the minor child has are power to: (1) provide for health care at any hose st, nurse, or other person whose services may be corize any health care, including administration of a maining procedures. This consent shall be effective rior notification and participation confirmation have the understanding and capacity to dictate the term contents of this document; and that I understand the understanding and capacity to dictate the term contents of this document; and that I understand the leaders. While the leaders in an emergency situlated hold harmless the primary adult leaders, voluntities agents, employees, and representatives) from a my student's participation in the event or the render injuries caused by gross negligence or intentional on and record keeping, photos of any events may as a. As such, I give permission for my student to be a lers in ways that are strictly event related and appropublications without prior approval by parents and my student and I understand: for their own belongings, including but not limited and conduct that apply to the behavior of students in Ziconduct that apply to the behavior of students in Ziconduct that apply to the behavior of students in Ziconduct that apply to the behavior of students in Ziconduct that apply to the behavior of students in Ziconduct that apply to the behavior of students in Ziconduct that apply to the behavior of students in Ziconduct that apply to the behavior of students in Ziconduct that apply to the behavior of students in Ziconduct the conduct that apply to the participation in the care that apply to the participation of the care that apply to the participation in	2025 calendar year.  ove what has been fundraised  is for the duration of the event, cations.  is been entrusted during the ealth care of the minor child, spital or other institution and eneeded for such health care; anesthesia, X-ray examination, e only during specifically ve been obtained. By signing ms of health-care decisions; that If the full import of this grant of  zing primary health insurance or function. Inteer adult chaperones, Zion and against any and all claims, my injuries arising from, out of, indering of emergency medical all wrongdoing. If the full import of the simple of erilmed and photographed by propriate. Student names will not ind/or guardians.  If to electronics and money. Ition Lutheran Church apply to  it as stated in the Bible and the laders and other chaperones on impropriate, safe, and biblically