THE LUTHERAN CHURCH – MISSOURI SYNOD
KANSAS DISTRICT – YOUTH MINISTRY
LIABILITY RELEASE FORM

Name of Participant: ____

I understand that the LCMS Kansas District for which this medical Consent and Liability and Activity Release Form is being given is described as follows:

> All calendared and District-sponsored events for the Kansas District of The Lutheran Church—Missouri Synod for youth and adult leaders for calendar year 2021**.** The events include, but are not limited to, Kansas District Youth Gathering (DYG), Middle School event(s), Lutheran Valley Retreat Summer Camp (LVR), *YouthLead* (formerly Lutheran Youth Fellowship) and District events related to the triennial LCMS National Youth Gathering (NYG). These events may include, but are not limited to, plenary events, small group workshops, service projects, fellowship, and experiential learning activities.

I hereby consent to participation of myself (or my child) in the above-described LCMS Kansas District events. I am familiar with the planned event, including 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 and/or service projects that may involve additional risks, such as jumping, running or other physical movements; or the use of tools, ladders or other equipment while taking part in the community service projects.

I understand that I have the 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 RELEASE AND FOREVER DISCHARE THE KANSAS DISTRICT OF THE LUTHERAN CHURCH – MISSOURI SYNOD, IT AGENCIES, AND ____________________________________ **(NAME OF HOME CONGREGATION),** THEIR AGENTS AND SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES FROM ANY AND ALL DAMAGES AND CAUSES OF ACTION EITHER AT LAW OR IN EQUITY THAT I MAY HAVE AS A RESULT OF MY [OR MY CHILD'S] PARTICIPATION IN, ATTENDANCE AT, AND TRAVEL TO AND FROM THE EVENTS. FURTHERMORE, I DO HERBY EXPRESSLY STIPULATE, AND AGREE TO INDEMNIFY AND HOLD FOREVER HARMLESS THE KANSAS DISTRRICT OF THE LUTHERAN CHURCH – MISSOURI SYNOD, ITS AGENCIES, AND ____ (**NAME OF HOME CONGREGATION),** ITS AGENTS, AND SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS EMPLOYEES, AND OTHER REPRESENTATIVES AGAINST LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMANDS OR ACTIONS IN LAW OR IN EQUITY THAT MAY HEREAFTER BE MADE OR BROUGHT BY ME OR MY CHILD, BY ANYONE ON BEHALF OF ME OR MY CHILD, OR BY ANYONE ELSE ON THEIR OWN BEHALF FOR DAMAGES OR ANY OTHER LEGAL OR EQUITABLE REMEDY ON ACCOUNT OF ANY INJURY, ILLNESS, PHYSICAL CONDITION, INCONVENIENCE OR LOSS SUSTAINED BY ME OR MY CHILD DURING THE GATHERING OR TRAVEL TO AND FROM THE SAME.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

FOR PARTICIPANTS UNDER AGE 21:

____________________________________ __________ ____

Parent/Guardian of Participant **Date** **Adult, Non-Relative Witness to Parent/Guardian Signature**

THE LUTHERAN CHURCH – MISSOURI SYNOD
KANSAS DISTRICT – YOUTH MINISTRY
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 participants to take part in any activities.

(I) (We), the undersigned parent(s) and/or natural guardians(s) of ___________________________________
(**Dependent's Name**), a minor, do hereby authorize my child's congregational Family Group Adult Leader, (and/or any other adult appointed or designated by him/her) 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 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 the AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely, and willingly. This authorization shall continue for such time my child is participating in the LCMS Kansas District events and during travel to and from the LCMS Kansas District events.

________________________________ __________ ____________________________ _________
Parent/Legal Guardian **Date** **Parent/Legal Guardian** **Date**

LCMS Kansas District YOUTH MEDIA RELEASE CONSENT FORM
Permission for Publishing of Youth Likeness in Pictures and Video

We understand that my daughter or son's likeness or picture may be selected by a staff member of the LCMS Kansas District or representative from the District Youth Ministry Team, to be used to record, promote, celebrate, and publicize our church ministry in many different venues including, but not limited to, the Kansas District website, slide shows, congregational publications/registrations, social media sites (including Facebook, Twitter), etc. NO LAST NAME, HOME ADDRESS OR PHONE NUMBERS WILL APPEAR WITH THE LIKENESS/PICTURES.

We hereby consent and grant permission to the Kansas District or the District Youth Ministry Team to publish, post and use likenesses, pictures and videos described above and we hereby release the Kansas District and its agents' representatives and employees from all claims, demands and liabilities of any nature whatsoever in connection with the above.

Date: _______________________
Youth/Minor Name (printed): ____
Other Youth in Family: ____
Parent's/Guardian's Name (printed): ____
Parent's/Guardian's Signature: ____

S A M P L E PHYSICAL EXAMINATION

PRE-PARTICIPATION PHYSICAL EVALUATION

Name: ____ Date of Birth: ________________

Height: ___________ Weight: ___________ Pulse: ___________ Blood Pressure: ___________________

Vision R 20/____ L 20/____ Corrected: Y N Pupils: Equal Unequal

Date of recent immunizations: Td _______________ Tdap _____________ Hep B _________________

Varicella __________ HPV ______________ Meningococcal __________

	Normal	Abnormal Findings	Initials*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia/Hernia			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*Station-based Examination only

CLEARANCE

Cleared for all activities

Not cleared for: ____

Reason: ____

Recommendations: ____

____

I HEARBY CERTIFY THAT I AM QUALIFIED BY TRAINING AND EXPERIENCE TO PROPERLY PERFORM THE EXAMINATION AND MAKE THE EVALUATION REFLECTED ON THIS FORM

Name of Physician (print/type)____Date _______________

Address ____Phone (_____) _________________

Signature of physician ____**MD, DO, DC or RPA** (Please Circle)