



Trinity Lutheran Church

111 6th Avenue North
Princeton, MN 55371
763-389-2671
trinity@sherbte.net

PARTICIPATION, EMERGENCY TREATMENT & MEDIA CONSENT FORM

Child Name: _____ Relationship: _____

Address: _____ Home Phone: _____

Parent/Guardian: _____ Work Phone: _____ Cell Phone _____

Secondary Emergency Contact: Name: _____

Relationship: _____ Home Phone: _____ Work/Cell _____

Effective Dates: September 1, 2011 through September 30, 2012

Consent to Participate:

I hereby give permission for my child to participate in trips/events organized by Trinity Lutheran Church.

Emergency Medical Treatment:

In the event of injury, illness or accident, I hereby give my consent in advance to designated leaders of Trinity Lutheran Church and to physicians and hospital staff to render emergency treatment in their judgment is reasonably necessary. I understand that leaders of Trinity Lutheran Church will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in the event of an emergency.

I specifically release Trinity Lutheran Church, its leadership, members and representatives from any and all liability, claims, loss, damage, and expense arising out of or from any accident or other occurrences causing injury or damage to any person or property.

Media Release:

Photos of your child may be taken during Sunday school and related Sunday school events. Trinity Lutheran Church would like permission to use pictures of your child to illustrate and promote the Sunday school experience and other programs and events offered by Trinity Lutheran Church. Please take a moment to let us know your preference regarding our use of your child's photograph.

_____ I grant Trinity Lutheran Church permission to use photos of my child for the purpose described above.

_____ Please do NOT use photos of my child.

Parent/Guardian signature

Date