

SPSYC RETREATS WAIVERS AND AUTHORIZATIONS

Participant Name

Legal Guardian

Guardian Phone Number

Home Congregation

Chaperone Name

SPSYC Event and Date

PUBLICITY WAIVER for SPSYC Event

I understand that, while attending this Sierra Pacific Synod Youth Committee (SPSYC) event, students and chaperones from my group may be recorded by photo and video for the use of SPSYC publicity. I hereby waive all rights, interest, and intellectual property in and of said photos and videos for myself and for any minor students (listed above) for which I am the legal parent or guardian. I understand that in no case will SPSYC provide or display the name, home address or city, or any personal identification information for any participant in such events. I further authorize SPSYC to use photos and videos in print, video, and on-line (Internet) versions for the purposes of advertising, reporting, and promoting its non-profit activities. By this authorization, I understand and agree that no participant shall receive remuneration and that all rights, title, and interest to the photos and videos and use of them belongs to SPSYC.

Legal Guardian name (sign) _____

Date _____

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

(I), (We), the undersigned parents of the above mentioned participant, a minor, do hereby authorize _____ Lutheran Church and/or adults designated as agents for

_____ Lutheran Church, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care or service, which is deemed advisable and is to be rendered to said minor, under the general or specific supervision of any physician and surgeon licensed under the supervision of the Medicine Practice Act of the state of California or any state within the United States of America, or the medical staff of a licensed hospital, whether such diagnosis or treatments rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given as specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable, to protect the life and health of said minor child.

In consideration of the benefits to be derived from the aforesaid outings, (I), (We) hereby voluntarily waive any claim against _____ Lutheran Church, and the owner and driver of the vehicle in which my (our) child (ward) is to receive transportation to said activities.

Legal Guardian Name (sign) _____

Date _____

EMERGENCY INFORMATION AND AUTHORIZATION FOR TREATMENT OF A MINOR
(To be completed by parents)

Birthdate
Family Phycsian
Address & Phone Number
Insurance Provide and Policy Number
Date of last Tetanus Shot
Allergies
Regular Medications or Chronic Conditions