

YOUTH LOCK-IN PERMISSION/LIABILITY FORM

I give permission for _____ to attend the Salem Youth Lock-in at Salem Lutheran Church in Stillwater, Minnesota. I understand that this event begins at 8 P.M. on Friday, February 21st and ends at 8:00 A.M on Saturday, February 22nd.

I, on behalf of the above named child, assume all risk of personal injury, sickness, or death, as well as property damage and expenses, which may be incurred by my child while participating in the above-describe activity, and agree to hold harmless said school as the result of willful, negligent, or intentional acts of the above named child.

In the event of an emergency, I understand that every effort will be made to contact me. In the event that I am unable to be reached, I give permission for the above named child to be taken at the discretion of the activity staff to a hospital or medical facility. I hereby agree to pay any such costs as are incurred and to hold harmless the activity sponsor and staff from the cost of any such health care provided for the above named child.

Should it be necessary for my child to return home due to medical reasons, disciplinary action, or otherwise, I hereby agree to pick him or her up immediately and/or assume all transportation costs.

In case of emergency, please contact: _____

Relationship to child: _____

Home phone number: _____

Cell phone number: _____

Business phone number: _____

Insurance company: _____

Policy number: _____

Special health problems or conditions? If yes, please explain. _____

Allergies? _____

Medications? If yes, please explain if we need to assist you in administering any medications.

Anything else we should know in order to best serve the above named child? _____

Signature of parent/legal guardian: _____

PLEASE RETURN THIS FORM NO LATER THAN THE DAY OF THE LOCK-IN. NO ENTRY WITHOUT A FORM.