

TRINITY CONFIRMATION RETREAT PERMISSION SLIP

September 12, 5:00 p.m. through September 13, 6:00 p.m.—Camp Luther, Three Lakes, WI

Cost, if returned by Wednesday, September 8, is \$50.00—\$60.00 if returned after that date!
~Meals & transportation are included in the cost~

Participants Name: _____ Birth Date: _____

Parents/Guardians Name: _____

Home Address: _____

Home Phone: _____ Work/Cell Phone: _____

Insurance Company: _____ Policy/ID# _____

Is your child on any medications? YES NO If yes, explain on the back side of this form

Does your child have any allergies? YES NO If yes, explain on the back side of this form

Please write any other medical concerns on the back side of this form.

If you are not available, please give us another person who we may contact in the event of an emergency:

Name: _____ Phone: _____ Relationship: _____

I, (name of parent or guardian) _____ grant permission for my child, a minor, (name of child) _____ to participate in the Trinity Lutheran Church's Confirmation Retreat on September 12 & 13, 2008 at Camp Luther, Three Lakes, WI. I understand that I have a duty to provide primary accident and medical insurance for my child and I declare that my child is covered by primary accident and medical insurance. I assume all responsibility and liability for injury to my child. I release and forever discharge the Board of Parish Education, the Youth Ministry Board, The Lutheran Church-Missouri Synod, Rev. Matthew C. Hein, Rev. Joel T. Brandt, Mr. DJ Schult, Mrs. Julie Fisher, other counselors, and Trinity Lutheran Church, their agents and servants, counselors, 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 which I may have as a result of my child's participation in, attendance at, and travel to and from Camp Luther. Furthermore, I do hereby expressly stipulate and agree to indemnify and hold forever harmless the Board of Parish education, the Youth Ministry Board, The Lutheran Church-Missouri Synod, Rev. Matthew C. Hein, Rev. Joel T. Brandt, Mr. DJ Schult, Mrs. Julie Fisher, other counselors, and Trinity Lutheran Church, their agents and servants, counselors, 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 hereby be made or brought by my child, during the event and following activities, or travel to and from the same. Finally, I further give Rev. Matthew C. Hein, Rev. Joel T. Brandt, Mr. DJ Schult, and Mrs. Julie Fisher, authority to act on my behalf in the event I am not able to be reached by the phone number below and my child requires any medical attention.

Parent's signature: _____ Date: _____