

Authorizations and Liability Release

Participant's Name_

Participant's Date of Birth_

Parent/Guardian/Legal Adult Authorization and Liability Release:

- \Box As the parent or guardian of the above minor child
- \Box As a legal adult

who is requesting to voluntarily participate in the activity sponsored by Lutherwood Camp and Retreat Center, I hereby acknowledge that I have read, understand and agree to the following:

- 1. I acknowledge that participation in this activity may entail unanticipated risks, and while I expect the camp staff to exercise reasonable caution in carrying on this camp, I hereby release Lutherwood Camp and Retreat Center from any liability or damage incurred.
- 2. I certify that I/my child has no medical or physical conditions that could interfere with my/his/her safety in this activity.
- 3. I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to myself/my child. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.
- 4. In the event it becomes necessary for the camp staff-in-charge to obtain emergency care of me/my child, Lutherwood Camp and Retreat Center shall not assume financial liability for expenses incurred because of the accident, injury, illness, and /or unforeseen circumstances. I accept such responsibility.
- 5. Permission is hereby granted to use photos of, quotes from, and likenesses of my minor child in print or electronic media such as, but not limited to brochures, radio ads, web pages, video tape and others as deemed useful by the camp for marketing purposes by and for Lutherwood Camp and Retreat Center. Any claim or right is herby waived to any royalty or fees that might be applicable for the use of such images, quotes or likeness.

Name of Parent/Guardian (please print)		
Signature o	Date	
Physician's Name	Phone #	
Insurance Carrier	Subscriber Name	
Policy #		