

All information will be kept confidential and locked in a secure location.

Please return completed signed forms to the church office.

Student Media Waiver

I hereby give permission for my student(s) _____ to be filmed or photographed by Hope Lutheran Church. If my student's picture is used for any media publication (TV, newspaper or the church web-site), no names will be used.

Yes No

Parent or Guardian Signature: _____

Liability

Every activity sponsored by Hope Lutheran is adequately supervised; however, unforeseen events can occur. By signing this form, I agree to assume and accept all risks and hazards in related activities. I also agree not to hold Hope Lutheran, its employees and volunteers liable for damages, losses or injuries to the person or property under-signed.

Parent or Guardian Signature: _____

Medical Release

I authorize professional medical personnel (i.e. doctors, nurses, paramedics, etc.) to provide emergency medical aid to my child _____.

Insurance Company & Policy Number: _____

Notary: _____ Date: _____

SEAL: