

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

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 undersigned.

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:

Click Submit to enter registration information.