

Medical & Liability Release Form

In consideration for attending Lutheran Happening of North Texas / Northern Louisiana and its associated activities and being under the age of 21 (I) do hereby release, forever discharge and agree to hold harmless Lutheran Happening of North Texas / Northern Louisiana and its officials and agents thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in a Lutheran Happening of North Texas / Northern Louisiana activity.

Furthermore, we (I) [and on behalf of our (my) child-participant being under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in activities involved therein.

Further, authorization and permission is hereby given to Lutheran Happening of North Texas / Northern Louisiana to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify Lutheran Happening of North Texas / Northern Louisiana, its officials, and agents, for any liability sustained by Lutheran Happening of North Texas / Northern Louisiana or its officials or agents as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in Lutheran Happening of North Texas / Northern Louisiana activities, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including, but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Type of print name of participant

Type or print names of parent(s) or guardian(s)

Either or both parents may sig. If divorced or separated, custodial parent or legal guardian must sig.
Signature is valid until the participant's 19th birthday.

Parent(s)/Guardian(s) Signature(s) / Telephone(s)

Hospital Insurance ___ Yes ___ No

Insurance Company _____

Parent / Guardian who has the insurance coverage: _____

ID Number

Group Number

Policy Number

Physician _____

Physician's Ph.# _____

Emergency Ph. #'s: _____
Relative, neighbor, close friend Parent Work Number Alternate # / Cell

Participant

I have read the above statements signed by my parents(s)/guardian(s) and understand the rules of conduct for participants of activities of Lutheran Happening of North Texas. I will abide by them as well as the direction of the leaders of the event.

Participant's Signature

Information update or revocation of this document is the responsibility of the parent or guardian and must be received in writing to the attention of the Registrar, Roger.Anders@Hermanmiller.com (972) 768-1930 cell