

St John's Lutheran Church

106 Scheid Road, Sandusky OH 44870

Health Form, and Liability Waiver for all St John's Lutheran Church Activities

August 2025-September 2026

Youth's Name: _____

Youth's Birthdate: _____ Grade: _____

Address: _____

City/State: _____ Zip: _____

Home Phone #: _____

Parents'/Guardians' Names: _____

Parents'/Guardians' Cell Phone #s (whose): _____

Parent's/Guardian's email: _____

Does participant have any:

Physical limitations regarding participation? No_____ Yes_____

Explain:_____

Allergies (food, drugs, hay fever, insects, etc.) No_____ Yes_____ Explain:

Medications (please list medications that may be needed during activities ex. inhaler, Epipen or that need to be known in case of emergency)

Emergency Contact: (in case Parents/Guardians cannot be reached)

Name: _____

Phone #: _____ (cell, home, work)

Relationship to participant: _____

Preferred Physician: _____

Insurance Information: _____

Liability Waiver

I hereby consent to allowing _____ to participate in St John Lutheran Church's activities. I understand that it is the express intent of St John Lutheran's programs to provide for my child's/guardian's safety and protection, I hereby release St John Lutheran Church, its Pastor, council members, employees, volunteers, chaperones, congregational members, with whom St John Lutheran Church is participating in an activity from all liability for any and all damages and injuries suffered while under the supervision, instruction, or control of St John Lutheran Church.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily to its content and intent. In the event of an emergency, if I am unable to state my wishes or the emergency contact cannot be reached, I hereby give permission for St John Lutheran Church to provide routine, nonsurgical medical care, and to secure emergency medical and surgical treatment, while participating in St John Lutheran's activity. In the event of an accident, injury, or illness my

insurance is primary. I have read, understand, and agree with the policies and liabilities on this form:

Parent/Guardian Name: _____

Date: _____

Signature: _____

I give St John Lutheran Church permission to use photographs taken of _____ at the discretion of St John Lutheran's pastor or staff. This may include (but is not limited to) Facebook, newsletter, promotions, and evangelism used by St John Lutheran Church.

_____ Signature