

REQUIRED PERMISSION FORM  
Minor Travel General Release and Hold Harmless Agreement  
Holy Cross Lutheran Church

Participant's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

I, \_\_\_\_\_, am the parent or legal guardian of the above-listed participant (a minor), who desires to participate in various programs, events or activities operated or sponsored by Holy Cross Lutheran Church, Cary, Illinois. I understand and acknowledge that Holy Cross will not allow my child to participate in any activities without releasing the holding Holy Cross harmless from any liability arising out of participation in the activities. I have investigated the risk involved in my child's participation in the activities and fully understand and assume such risks on my behalf. Specifically, I understand and acknowledge that my child may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction and even death. I REQUEST THAT THE CHURCH ALLOW MY CHILD TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE THE CHURCH, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF THE CHURCH, FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, RANDOM DEMANDS, COST OR EXPENSES OF ANY KIND, GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE CHILD PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE CHILD MAY SUSTAIN AS A RESULT OF HIS/HER PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF. I acknowledge and agree that I have given my consent for my child to remain in the custody of the Holy Cross' representatives while participating in the activities. This Agreement is binding on my child's, successors and personal representatives.

Initial \_\_\_\_\_

Medical Treatment Authorization and Power of Attorney

In the event my child suffers an injury or condition during his/her participation in the activities, including transportation to and from an activity, which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me or my spouse have been unsuccessful, I hereby appoint Holy Cross Staff as my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for my child concerning his/her personal care/medical treatment, hospitalization and health care. This power of attorney and delegation of authority will terminate when the agent is first able to contact me or my spouse.

Initial \_\_\_\_\_

Photograph Release

Regarding photographs of my child taken at any Holy Cross Lutheran Church events, I give Holy Cross permission to do the following for nonprofit use and without charge: use at the discretion of Holy Cross, display at a service or event or be used in a multimedia presentation, reprint and distribute for any Holy Cross non-profit publication with copyright to accompany photo when used, display on the Holy Cross website, or use quotes and video clips on the website or blog.

Initial \_\_\_\_\_

The undersigned agrees to the above initialed sections and this agreement is binding on my heirs, successors and personal representatives.

\_\_\_\_\_  
(Print Full Name) Parent or Legal Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date