Resurrection Evangelical Lutheran Church Permission Form and Release

I, _____, as a parent or legal guardian, give my permission for
Parent/Guardian Name
_____, a minor child to attend all activities sponsored by or conducted in
Child's Name
conjunction with Resurrection Evangelical Lutheran Church (RELC), 6201 North Washington Boulevard, Arlington, Virginia 22205, including activities away from the church in which RELC participates.

In consideration of being permitted to participate in activities which are sponsored by RELC or in which it particpates, I hereby release, waive, discharge and covenant not to sue RELC, its officers, servants, agents, volunteers, or employees from any and all liabilities, claims, demands or injury that may arise from or be sustained by my child while participating in any activity sponsored by or conducted in conjunction with RELC, whether or not located on property belonging to RELC.

I have also completed an Authorization for Emergency Medical Treatment, which grants the employees and volunteer staff of the church the authority to seek emergency medical treatment for my child should such treatment ever be required during a youth activity/event. My signature below certifies that the Authorization for Emergency Medical Treatment discloses in full any and all medical conditions which my child may have, including a list of all medications that my child is required to take regularly. I understand, however, that the employees and volunteer staff of the church are not responsible for administering any medication to my child.

This Permission Form and Release will remain in effect one year from the date written below.

I have carefully read and understand this Release.

_____ _____
Signature of Parent/Guardian Date

_____
Address

_____
City, State