

GENERAL RELEASE

Section A- Personal Information

Name: _____ Date of Birth: _____ Age: _____

School Grade: _____ Sex: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____

Family E-mail address: _____

Parents Names: _____

Cell Phone #: _____ Cell Phone #: _____

Section B- Parent/Guardian Release:

As the parent/guardian of the above stated/named minor, I give my permission for him/her to participate in Bethany Lutheran Church's Confirmation program and all the trips, activities, and events associated with Bethany Lutheran Church of Austin, Texas. I certify the above information is correct and I HAVE READ THE LIABILITY WAIVER AND RELEASE ON THE REVERSE SIDE AND UNDERSTAND ITS CONTENTS. I AGREE TO ITS TERMS AND SIGN THIS OF MY OWN FREE ACT AND DEED. In an emergency, I do hereby give my permission to employ physicians, surgeons, dentists, nurses, or other health care personnel as may deem necessary to hospitalize, anesthetize, diagnostically test or perform surgery on the minor named above. I understand that every possible effort will be made to contact me at the numbers listed above before these actions will be taken. (See back: Liability Waiver & Release for details.)

Signature: _____ Date: _____

Relationship to above listed participant: _____

Section C- Emergency Contact and Medical Information

Emergency Contact: _____ Phone: (_____) _____

Address: _____ City: _____ Zip: _____

Relationship: _____ Cell Phone: _____

Insurance Company: _____ Policy #: _____ Group #: _____

Primary Insured: _____ ID #: _____

Ins. Phone Number: _____

Check any that apply: Allergies Asthma Bee Reactions Diabetes
 Dizziness Epilepsy Hay Fever Heart Problems
 High Blood Pressure Penicillin Allergy Pregnant
 Handicap/disability Respiratory
 Other: _____

Are there any medical reasons you should refrain from any physical activities planned for our trips? _____

** Be sure you take ample supply of any regular medication for your length of stay & written permission from your doctor.*

LIABILITY WAIVER AND RELEASE

In consideration of being allowed to participate in the Confirmation Program, Confirmation Retreats, Service Work Projects, (Henceforth referred as "Confirmation Trips/Retreats/Activities") sponsored by Bethany Lutheran Church, Austin, Texas, in consideration of the benefits derived therefrom, I ON BEHALF AND, IF APPLICABLE, ON BEHALF OF THE MINOR NAMED ON THE REVERSE SIDE (THE "MINOR"), HEREBY RELEASE BETHANY LUTHERAN CHURCH, THE TEXAS DISTRICT, THE LUTHERAN CHURCH MISSOURI SYNOD, AND THEIR PRESENT AND FORMER TRUSTEES, OFFICERS, DIRECTORS, BOARDS, MEMBERS, ADGENTS, EMPLOYEES, AND THEIR HEIRS, ADMINISTRATORS, EXECUTORS, SUCCESSORS, AND ASSIGNS FROM ALL DEMANDS, ACTIONS, SUITS, PROCEEDINGS, DAMAGES, CLAIMS, AND LIABILITIES OF ANY KIND, WETHER KNOWN OR UNKNOWN, WHICH ARISE FROM OR ARE CONNECTED IN ANY WAY WITH MY OR THE MINOR'S PARTICIPATION IN CONFIRMATION TRIPS/RETREAT/EVENTS.

I am aware that in addition to typical Confirmation Trip/Retreat activities such as Bible study, worship, sight-seeing, using private and public transportation, and meals; that I or the Minor may be asked to participate in various other activities that may involve some risks, such as rock climbing, repelling, bouldering, hiking, caving, strenuous activities, light construction, digging, hammering, painting, lifting, playing various game and sports in addition to recreational activities. I have read the information materials for each of these trips/retreats and the sites and understand the risks involved in the planned activities. I recognize that the conditions, equipment, or standards in some places which I or the Minor will travel are not the same quality level or standards as the conditions, equipment, or standards to which I am accustomed. I realize further that there are certain health risks as well as other risks to me or the Minor and our property. I enter into participation in these trips/ retreats/ activities with knowledge of those risks and acceptance of the responsibility for any harm, injury, or damage resulting therefrom. If for any reason I or the Minor am unable to complete my stay at the camp grounds or activity location, I assume full responsibility for expenses incurred for my or the Minor's return home.

In the event of an emergency, I hereby authorize a leader of these Confirmation trips/retreats/activities, as an agent for me or the Minor, to consent to: any x-ray examination; medical, dental or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered, either at a doctor's office or in a hospital. I expect to be contacted or my family to be contacted as soon as possible.

I UNDERSTAND THAT THIS DOCUMENT CONSTITUES A FULL AND COMPLETE WAIVER AND RELEASE OF ANY AND ALL POSSIBLE CLAIMS FOR ANY ACT OR OMISSION, INCLUDING CLAIMS FOR NEGLIGENCE REGARDING INJURY OR PROPERTY DAMAGES ARISING OUT OF MY OR THE MINOR'S PARTICIPATION IN THESE CONFIRMATION TRIPS/RETREATS/ACTIVITIES.

I UNDERSTAND THAT THIS RELEASE APPLIES TO, COVERS, AND INCLUDES UNKNOWN, UNFORESEEN, UNANTICIPATED, AND UNSUSPECTED RISKS, DAMAGES, LOSSES, OR LIABILITIES AND THE CONSEQUENCES THEREOF, WHICH RESULT FROM THE MATTERS HEREIN BEFORE INFERRED TO AS WELL AS THOSE THAT ARE NOT DISCLOSED AND KNOWN TO EXIST. THE PROVISIONS OF ANY STATE, FEDERAL, LOCAL OR TERRITORIAL LAW OR STATUTE PROVIDING IN SUSTANCE THAT RELEASES SHALL NOT EXTEND TO CLAIMS OR DAMAGES WHICH ARE UNKNOWN OF UNSUSPECTED TO EXIST AT THE TIME ARE HEREBY EXPRESSLY WAIVED BY ME.

FURTHERMORE, I DO HEREBY EXPRESSLY STIPULATE, AND AGREE TO INDEMNIFY AND HOLD FOREVER HARMLESS BETHANY LUTHERAN CHURCH, THE TEXAS DISTRICT, THE LUTHERAN CHURCH MISSOURI SYNOD, AND THEIR AGENTS, SERVANTS, SUCCESSORS, ASSIGNS, BOARDS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES AGAINST LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMAND, OR ACTIONS IN LAW OR IN EQUITY THAT MAY HEREAFTER BE MADE OR BROUGHT BY ME OR THE MINOR OR ON OUR BEHALF, RELATED TO OR RESULTING FROM ANY OCCURRENCE, ACT OR OMISSION, DURING THESE CONFIRMATION TRIPS/RETREATS/ACTIVITIES, OR TRAVEL TO AND FROM THE SAME.

I ALSO HEREBY RELEASE AND WAIVE ANY AND ALL CLAIMS FOR LIABILITY AGAINST ANY OF THE HOST CHURCH, HOST INSTITUTIONS, AND THE EMPLOYEES, AGENTS, OFFICERS, DIRECTORS, SHAREHOLDERS, CONTRACTORS, AND ASSIGNS OF SUCH HOST CHURCH OR HOST INSTITUTION OR THE OWNER OF ANY SITES THAT I OR THE MINOR MAY WORK AT DURING THESE CONFIRMATION TRIPS/RETREATS/EVENTS.

By acceptance of participation in these Confirmation trips/retreats/activities, the undersigned agrees to the forgoing and also agrees that Bethany Lutheran Church, The Texas District, and the Lutheran Church Missouri Synod, and their employees and other representatives, shall not be liable for loss, damage, injury or inconvenience caused by or resulting from the malfunction or transportation, equipment, strikes, acts of God, acts of war or insurrection, fire, delays, theft or itinerary or schedule changes or cancellations.

I certify that I am of lawful age and competent to sign this Release, or that I have all right, power and authority to do so on behalf of the Minor, that I understand its contents and that I have signed this release voluntarily.