

## REGISTRATION AND CONSENT-WAIVER TO PARTICIPATE

## **Prison Ministry day Trip to Sioux Falls**

July 12, 2018 8am — 8pm for 7th graders through adults

Name of Participant	
Date of Birth	Grade/Age
Address	
Parent/Guardian Name	
Phone Number where a parent / guardian can be re	eached
Please indicate any special diets, allergies, medica	ation, illness or physical conditions of which chaperones
should be aware:	
Medical Insurance Company	
Address	
Policy Number	
I recognize that there are risks involved in participating or death to my minor child in connection with his/her p release First Lutheran Church, its trustees, officers, diredamage or death which may occur to my minor child be a connected to the connection of the connected to t	ng the activity program to administer emergency treatment for any roviding any medical care for the entire period of the activity.  g in this activity and hereby assume all risk of injury, harm, damage articipation in this activity. To the fullest extent permitted by law, extors, employees, agents and representatives from any injury, harm while participating in the activity and agree to save and hold harm fors, employees, agents and representatives from any claims arising
Parent/Guardian Signature	Date
and adults that are participating in such a manner tions, being on time, not using alcohol or other dro others around me. I understand that conflict in the in cases of severity, I will be sent home at my pare	ticipate in all of the activities, cooperate with the other youth that we can be as a group. This includes following direcugs, not smoking, and conducting myself with respect to ese areas will result in a conference with those involved and ent/guardian's expense (No matter what time of the day or by myself fully and have a fun-filled faith-full experience.
Participant's Signature	Date

Participants, by involvement in programs or activities, give permission to use any photographs taken by First Lutheran Church for any and all church promotions and publicity.