

VALLEYFAIR CONSENT TO PARTICIPATE



NAME OF PARTICIPANT: _____

ADDRESS: _____

PHONE NUMBER: (DAY) _____ (EVENING) _____

(CELL) _____ Email _____

PARENT/GUARDIAN NAME _____

ANY ALLERGIES, ILLNESSES, OR MEDICAL INFORMATION: _____

HEALTH INSURANCE NAME AND POLICY NUMBER: (I understand my insurance is the primary insurance coverage) _____

I authorize chaperones of the church supervising the activity to administer emergency treatment for any accident or illness and to act in my stead in providing any medical or dental care. This authorization shall cover any travel to and from the specified activity, as well as the entire period of the activity.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity. To the fullest extent permitted by law, I release First Lutheran Church, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless First Lutheran Church, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

As a participant, I agree to follow the guidance and direction of the chaperones that will be with me on this trip and to conduct myself in the manner that is appropriate to this church activity.

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.

PARENT/GUARDIAN SIGNATURE: _____

PARTICIPANT SIGNATURE _____

DATE: _____ (Check payable to FLY: \$40.00)