

Liability Release Form

Medical Authorization

For participating programs of Green Lake Lutheran Ministries.

Gymnastic Camp

As parent or guardian of the child named below I give my permission for my child to attend the programs of Green Lake Lutheran Ministries (GLLM). I give permission for GLLM to provide transportation for my child for emergency or educational reasons. In the event of an emergency I authorize the administration of basic first aid. I also authorize appropriate treatment by emergency medical personnel.

By signing this release, I agree that if my child is injured in any way while participating in activities at GLLM and offsite facilities, I voluntarily release GLLM and off-site facilities, as well as all of their personnel, staff and directors, and contracted instructors from any and all liability for the injuries.

I understand and agree that this release applies to not only me but also my estate, heirs and assigns. In the event some other person or entity seeks compensation for these released liabilities, my estate or I, will indemnify and hold harmless GLLM and other off-site facilities.

I understand that activities may include but are not limited to: transportation, tumbling and gymnastics activities and skills. I am aware that participants may be injured while participating in these and other activities.

I have determined that my child is fully medically capable of participating in the activities of GLLM Gymnastic Camp.

I have read this release, I understand it, and I fully agree to all of its terms.

Signature of parent or guardian: _____ Date: _____

Name of parent of guardian (Print): _____

Parent or guardian address (If different from child): _____

City: _____ State: _____

Child's name (Print): _____