

Medical Release/Medical Information/Photo Release Form

SW MN Synod Senior High Youth Gathering 2020

Please reproduce this form – one form for every youth and adult.

GATHERING COPY

Name of gathering registrant: _____

Age: _____ Phone #: _____ Parent/Guardian Name(s) _____

Are there any medical conditions or allergies that we should know about?

If parent/guardian is unavailable, please contact: _____ Phone _____

Insurance Company name _____ Policy # _____

I hereby grant my permission for my child to attend the SW MN Synod Senior High Youth Gathering, to be held at the Courtyard by Marriott, Mankato, MN March 27-28, 2020. **By attending the gathering, I agree to the use of photographs, video and electronic images including my child in Youth Gathering materials, the synod website and social media.** I grant my permission, in case of an emergency, for medical attention to be sought by the chaperones for my child's group and/or the persons in charge of the Gathering. I understand that all efforts will be made to notify me immediately of any such happenings.

Signed: (parent/guardian) _____ Date: _____

T-Shirt Size: _____

CONGREGATION COPY

Name of gathering registrant: _____

Age: _____ Phone #: _____ Parent/Guardian Name(s) _____

Are there any medical conditions or allergies that we should know about?

If parent/guardian is unavailable, please contact: _____ Phone _____

Insurance Company name _____ Policy # _____

I hereby grant my permission for my child to attend the SW MN Synod Senior High Youth Gathering, to be held at the Courtyard by Marriott, Mankato, MN March 27-28, 2020. **By attending the gathering, I agree to the use of photographs, video and electronic images including my child in Youth Gathering materials, the synod website and social media.** I grant my permission, in case of an emergency, for medical attention to be sought by the chaperones for my child's group and/or the persons in charge of the Gathering. I understand that all efforts will be made to notify me immediately of any such happenings.

Signed: (parent/guardian) _____ Date: _____