



# Consent to Participation, Use of Image, Waiver and Release of Claims



The undersigned, in consideration of and as a condition to being permitted to participate (or to enable my child's participation) in the following activities of Trinity Evangelical Lutheran ("Trinity") Congregation's School/Church:

- \_\_\_\_\_ Competitive Sport: \_\_\_\_\_; and/or \_\_\_\_\_ Sports Camp
- \_\_\_\_\_ Vacation Bible School (from \_\_\_\_\_ to \_\_\_\_\_ )
- \_\_\_\_\_ Field Trip to \_\_\_\_\_
- \_\_\_\_\_ Mission Trip to \_\_\_\_\_
- \_\_\_\_\_ Discovery Camp (See attached form)
- \_\_\_\_\_ Summer School
- \_\_\_\_\_ Other: \_\_\_\_\_

hereby consent, waive, release, and forever discharge any claims, actions, or causes of action for any damage or personal injury which I (or my child) may have, or which may subsequently accrue to me (or to my child) as a result of my (or my child's) participation in those activities, at Trinity, Roselle, Illinois, and elsewhere.

In connection with these activities, I grant permission to Trinity to use the photographic and/or video image of me (or of my child) for purposes of display, distribution, publication, transmission, or otherwise, to promote these activities for marketing purposes. It is further agreed that this permission is without monetary compensation, and may be revoked at any time hereafter by me in writing.

I acknowledge and understand that accidents resulting in injury occasionally occur during such activities, and, notwithstanding the foregoing, hereby agree to fully assume any and all risk of harm or injury which may occur to me (or to my child), and to indemnify and hold harmless Trinity, and its Elders, Church Council, Pastors, officers, agents, volunteers, and employees from all claims, actions, or causes of action which may arise in connection with those activities.

This Waiver and Release is intended to be valid from the date it is signed, and to be effective until it is revoked by the undersigned. The original will be maintained in the files of Trinity's main office. The undersigned will be given a photocopy upon request.

I understand that this Waiver and Release is binding upon me, and intend it to bind my heirs, executors, administrators and those of my child. I may obtain my own medical insurance to cover me (and my child) while engaged in those activities, at my own expense. I hereby certify that I do not (nor does my child) have any medical or psychological conditions or restrictions that would prevent me (or my child) from safely engaging in the foregoing activities.

Participants Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Dated: \_\_\_\_\_  
(print)

Minor Child's Name (if applicable): \_\_\_\_\_  
(print)

Present Age of Child: \_\_\_\_\_ Date of birth of Child: \_\_\_\_\_

*(all guardians/parents must sign)*

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Reviewed and accepted for Trinity by: \_\_\_\_\_ Dated: \_\_\_\_\_