

Liability Release Form

This form must be completed by all participants. One copy should be **mailed to Ysleta Lutheran Mission** and one copy carried with the group leader.

This form must be signed by parent or guardian of participants under 18 years of age. Please type or print legibly in ink.

I understand that the servant event for which this medical consent and liability and activity release form is being given is described as follows: _____

(Give description of servant event, including location, dates, sponsoring church/organization, and activities, particularly any hazardous activities.)

I hereby consent to participation of myself (or of my child) in the above-described servant event. I am aware that in addition to activities such as Bible study, worship, sight-seeing, and meal functions, the participant may be asked to participate in various servant activities that may involve additional risks, such as _____.

I understand that I have a duty to provide primary accident and medical insurance for myself (or for my child) and I declare that I am (or my child is) covered by primary accident and medical insurance. I give permission for any pictures or videos taken during the event to be used in publications by the Ysleta Lutheran Mission, the employees or volunteers thereof, or the LCMS Department of Youth Ministry.

I RELEASE AND FOREVER DISCHARGE _____
(NAME OF HOME CONGREGATION/ORGANIZATION), AND YSLETA LUTHERAN MISSION, SAN PABLO LUTHERAN CHURCH, THE LUTHERAN CHURCH-MISSOURI SYNOD, AND THE ROCKY MOUNTAIN DISTRICT, THEIR AGENTS AND SERVANTS, SUCCESSORS, ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, VOLUNTEERS, AND OTHER REPRESENTATIVES FROM ANY AND ALL DAMAGES OF MY (OR MY CHILD'S) PARTICIPATION IN, ATTENDANCE AT, AND TRAVEL TO AND FROM THE SERVANT EVENT. FURTHERMORE, I DO HEREBY EXPRESSLY STIPULATE, AND AGREE TO INDEMNIFY AND HOLD FOREVER HARMLESS, THE _____
(NAME OF HOME CONGREGATION/ORGANIZATION), YSLETA LUTHERAN MISSION, SAN PABLO LUTHERAN CHURCH, THE LUTHERAN CHURCH-MISSOURI SYNOD, AND THE ROCKY MOUNTAIN DISTRICT, THEIR AGENTS AND SERVANTS, SUCCESSORS, ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, VOLUNTEERS, AND OTHER REPRESENTATIVES AGAINST LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMANDS, OR ACTIONS IN LAW OR IN EQUITY THAT MAY HEREAFTER BE MADE OR BROUGHT BY ME OR MY CHILD, BY ANYONE ON BEHALF OF ME OF MY CHILD, OR BY ANYONE ELSE ON THEIR OWN BEHALF FOR DAMAGES OR ANY OTHER LEGAL OR EQUITABLE REMEDY ON ACCOUNT OF ANY INJURY, ILLNESS, PHYSICAL CONDITION, INCONVENIENCE, OR LOSS SUSTAINED BY ME OR MY CHILD DURING THE SERVANT EVENT OR TRAVEL TO AND FROM THE SAME.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

For participants age 18 and over:

Name Date Witness

For participants under age 18:

Parent/Guardian Date Witness

FOR OFFICE USE ONLY Date received Deposit

Release Form for Media Recording

I, the undersigned, do hereby grant permission to Ysleta Lutheran Mission to use any image to use any images taken in their operations. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Ysleta Lutheran Mission Web site. Please note: If under 18, form must be signed by parent or guardian.

Signature _____ Date _____

Please make a copy of this form for your own records and mail or fax the original to:

Kryisia Heimer
Outreach Director
Ysleta Lutheran Mission
301 S. Schutz Dr.
El Paso, TX 79907
Fax: (915)858-2708

If you have questions, contact Kryisia Heimer at (915)858-2588.