

MEDICAL RELEASE-Must be completed as part of the application process

I/WE, the parent/guardian of the above youth, hereby give you my/our approval of his/her participation in the TEC Retreat event. I/We do hereby waive, release, absolve, indemnify, and hold harmless Lutheran Teens Encounter Christ and any of its respective affiliates, successors, agents, members, representatives, adult sponsors, and other volunteers involved in the activities and transportation from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event. In case of accident or serious illness I request that the TEC Director contact me as soon as possible. If I cannot be reached, I hereby authorize the TEC Retreat Leadership to make whatever arrangements the circumstances allow. It is understood and agreed that the congregation, TEC Leaders, nor TEC organization is the insurer of my/our child's health and safety while he/she is at youth functions or engaged in supervised activities, including recreation. I understand it to be my/our obligation to provide insurance for medical attention. If the above-named child needs medical treatment, and neither a parent/guardian nor a designated physician can be contacted consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Name of Insurance Provider _____ Policy # _____

Signature of Parent/Guardian _____ **Date** _____

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I would like to serve my Lord because _____

Signature _____ **Date** _____

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As Holy Communion will be celebrated, please secure your pastor's signature:

Pastor: _____ **Date** _____

Send completed application to:

Jim and Marcy Scholl; 1326 Stone Run Dr.; St. Louis, MO 63021