

Name: Church Attending With:

PHOTO/IMAGE RELEASE IF UNDER 18 YEARS OLD As the subject's parent or guardian I, _____, hereby grant Concordia University Ann Arbor permission to interview the subject and/or to use his/her likeness whether in photograph(s), video, drawing or other media in any and all of its publications and all other media controlled by Concordia University Ann Arbor. I will make no monetary or other claim against Concordia University Ann Arbor for the use of the interview and/or their likeness. I agree to hold Concordia University Ann Arbor harmless for any claim or injury Concordia receives that is caused at least in part by Concordia's reliance upon my signature.

IF OVER 18 I, _____, am of legal age (18 years old) and hereby grant Concordia University Ann Arbor permission to interview me and/or use my likeness whether in photograph(s), video, drawing or other media in any and all of its publications and all other media controlled by Concordia University Ann Arbor. I will make no monetary or other claim against Concordia University Ann Arbor for the use of the interview and/or my likeness.

COVENANT OF ATTENDANCE The participant is expected to behave in a respectful Christian manner throughout the event and attend the offered events. Each participant is to conform to the student code of conduct of Concordia University–Ann Arbor. If any participant fails to comply he/she will be asked to leave the Concordia Youth Gathering at own expense. (NOTE: A copy of the Student Conduct Code Handbook will be made available upon request.)

Participant Signature _____
Date _____

CONSENT FOR TREATMENT AND LIABILITY RELEASE I, the undersigned, understand that there are inherent risks involved in any event, and I hereby release Concordia University–Ann Arbor, Concordia Youth Ministries, its staff and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my involvement. In the event that I am injured and require the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Concordia and/or the event I agree to hold such person free and harmless of any claims, demands, or suits for damage arising, from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

Participant Signature _____
Date _____

Parent/Guardian Signature (if participant is under the age of 18) _____
Date _____

UNIVERSITY – PARENT/GUARDIAN UNDERSTANDING In case of a severe injury or life or death situation, we will follow this procedure: (1) Youth Leader will summon aid through 911 and the youth will be taken to the nearest hospital. (2) Parent/Legal guardian will be immediately notified by Youth Leader (3) Youth Leader will notify designated Concordia Youth Gathering contact. NOTE: In the unlikely event of an emergency, by signing below, you give permission

for the above named youth to be taken to an approved emergency clinic or hospital and release Concordia University and its officers and leadership from any liability en route to, during, or returning from an event. You further agree that any obligation for medical expenses resulting from emergency treatment is to be paid by the parent/legal guardian. The University will not accept responsibility for medical bills or related expenses, including ambulance service, resulting from accidents that have occurred while at University-related activities, except as otherwise required by law

Parent/Guardian Signature: _____ Date:
