



OK'D in Christ- Oklahoma District High
School Youth Gathering

March 6-8th, 2020

YOUTH INFORMATION

Name _____ Grade _____ DOB _____ Male/Female

Nickname _____ School: _____

Primary Address: _____

Secondary Address: _____

Youth Email _____ Household Email _____

Youth Home Phone _____ Youth Cell Phone _____

Congregation _____ Pastor _____

PARENT/ GUARDIAN INFORMATION

Name(s) _____

Email(s) _____

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

EMERGENCY CONTACT

Name _____ # _____ Relation? _____

Name _____ # _____ Relation? _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child/youth _____ (child's name)("Participant"), to attend OK'D in Christ Oklahoma District High School Youth Gathering and it's surrounding activities on March 6-8th, 2020.

LIABILITY RELEASE: In consideration of the Oklahoma District LCMS allowing the Participant to participate, I, the undersigned, do hereby release, forever discharge and agree to hold harmless the Oklahoma District LCMS, its congregations, pastors, directors, employees, volunteers and teachers (collectively herein the "District") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the activities. I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in the activities, including servant events away from the church event premises. Furthermore, I, on

behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said District for any liability sustained by said District as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor Participant has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor Participant under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. I have provided an adult, in whose care the minor Participant has been entrusted, with a medical information form that is up to date to the best of my knowledge. The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned Participant pursuant to this authorization. I declare that my child is covered by primary accident and medical insurance.

EARLY RETURN HOME POLICY: Should it be necessary for my youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

----- x -----
Print name of youth participant Signature of youth participant Date

----- x -----
Print name of parent/guardian Signature of parent/guardian Date



Oklahoma District Photo Release Form

for Children and Youth

Please indicate ONE option by initialing the box, then sign below:

I/We AGREE that the Oklahoma District LCMS and attending LCMS congregations may photograph and record my child/dependent's likeness and activities (Images)¹ during district-related activities. I grant the following rights to the Oklahoma District LCMS and its attending churches: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the shoot. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the District website and on the Internet, and worldwide in perpetuity for the purposes stated above. The District and its attending churches my permission to use the photograph, image, and/or video of my child for uses including but not limited to: publicity, advertising, event slideshows and re-caps, web content, and social media

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge the Oklahoma District LCMS from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

I/We DO NOT GRANT permission for any image that includes this youth to be published by the Oklahoma District LCMS. The Oklahoma District LCMS MAY NOT use and re-use, publish and re-publish, and modify or alter the Image(s). Use of the Images for editorial, commercial, trade, advertising, and any other purpose MAY NOT be done in any medium now existing or subsequently developed, on the church website and on the Internet, and worldwide in perpetuity for the purposes stated above.

Youth's Name (print)

Parent/Guardian Name (print)

x

Parent/Guardian Signature

Date

¹ Image means all photographs, film, or other recordings taken of you as part of the Shoot.