

**Permission Form and Release of All Claims
Decorah Lutheran Church
Bruce Mound Winter Sports Snow Tubing**

Name		Home Phone	
Address			
Birth Date	Age at time of trip		Current Grade
Father's Name		Phone	
Mother's Name		Phone	

In consideration for being accepted by Decorah Lutheran Church of Decorah, Iowa for participation in the above mentioned trip I(we) do hereby release, forever discharge, and agree to hold harmless Decorah Lutheran Church of Decorah, Iowa and the directors thereof from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage or expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in activities during the above-described trip or activity.

Furthermore, I(we) hereby assume all risks of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for the participant.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I(We) the parent(s) or legal guardian(s) of this participant, hereby grant my(our) permission for him/her to participate fully in the above mentioned event sponsored by Decorah Lutheran Church of Decorah, Iowa. I(We) authorize an adult, in whose care the minor has been entrusted, to consent to any medical treatment, including but not in limitation to an X-Ray examination, anesthetic, emergency surgery or medical treatment, dental diagnosis or treatment, and hospital care, to be rendered to the minor 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, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital and assume the responsibility of all medical bills, if any.

I, _____, give permission for my child,
_____, to be a part of the Bruce Mound
winter Sports Snow Tubing trip to Wisconsin and travel with other members of Decorah
Lutheran Church of Decorah, Iowa on February 25, 2018.