

2022 FL-GA MIDDLE SCHOOL GATHERING FORM

Each student is expected to conform to these rules of conduct:

Participation with the group is expected

Respect property

Respect one another, staff, and adult leaders

Respect and comply with event schedules

No possession or use of alcohol, drugs, or tobacco

No fighting, weapons, fireworks, lighters, or explosives

No offensive or immodest clothing

No boys in girls' sleeping quarters and no girls in boys' sleeping quarters

I give permission for _____ to participate in the FL-GA 2022 Middle School Youth Gathering with St. Luke's Youth Ministry on November 4-6. We both understand the conduct expected.

Student signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

I have completed a JAM Medical registration form online. _____ (Initial)
In the event of an emergency and I can't be reached, the following person is authorized to act in my behalf:

Name

Relationship to participant

Phone (Day)

Phone (cell)

**Medical and Liability Release Form
RELEASE OF ALL CLAIMS**

(To be completed by adult participants and the parents/guardians of youth participants)

In consideration for participation in the 2022 Florida-Georgia District High School Gathering, "*Living Hope*", we/I, being 21 years of age or older, do for ourselves/myself (and for and on behalf of our/my "Child-Participant" if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless the Florida-Georgia District of the Lutheran Church Missouri Synod, the Lutheran Church-Missouri Synod, and _____ (name of home congregation) and any directors, employees or agents therefrom (hereinafter collectively referred to as Designee") thereof from any and all liability, claims or demands for 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 Child-Participant that occur while said child is participating in the above-described trip or activity.

Furthermore, we/I [and on behalf of our/my Child-Participant if under the age of 21 years] hereby assume all risk 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 Designee to furnish any necessary transportation, food and lodging to this Child-Participant.

The undersigned further hereby agree to hold harmless and indemnify Designee, for any liability sustained by said Designee as the result of the negligent, willful or intentional acts of said Child-Participant, including expenses incurred attendant thereto.

Consent is given to the photographing of Child-Participant and the recording of Child-Participant's voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. It is understood that the term "photograph" as used herein encompasses both still photographs and motion picture footage. Further consent is given to the reproduction and/or authorization by the Florida-Georgia District LCMS to reproduce and use said photographs and recordings of Child-Participant's voice, for use in all domestic and foreign markets.

(if the participant has not attained the age of 21 years):

For the period from _____ to _____, we/I are the parent(s) or legal

guardian(s) of this Child-Participant, and hereby grant our/my permission for him/her to participate fully in said trip, and hereby give our/my permission, in accordance with this authorization and pursuant to the Health Information Portability and Accountability Act of 1996 and its progeny, (See Exhibit "A" Attached hereto) to take said Child-Participant to a doctor or hospital and hereby authorize medical and/or dental treatment, including but not in limitation to emergency surgery or medical and/or dental treatment, and assume the responsibility of all medical/dental bills, if any

Further, should it be necessary for the Child-Participant to return home due to medical reasons, disciplinary action or otherwise, we/I hereby assume all transportation costs.

Type or Print full name of Child-Participant

(Father)

(Mother)

(Parent or Legal Guardian Signature)

(Participant signature, if age 21 or older)

Hospital Insurance _____ Yes _____ No

Insurance Company: _____ Policy # _____

Physician _____ Phone # _____