

CONSENT AND LIABILITY WAIVER FORM

Each participant in the Servant Event must complete all spaces on the Consent Form and Liability Release on the Authorization for Medical and Dental Care Form (CLRA), and the Emergency Medical Information Form. A PARENT OR GUARDIAN OF EACH PARTICIPANT UNDER 21 YEARS OLD MUST SIGN BOTH OF THE CLRA FORMS. These forms must be returned to the Project Coordinator in order for the participant to attend the Servant Event. Please type or print in ink.

PARTICIPANT NAME: _____

BIRTH DATE: _____ MALE: _____ FEMALE: _____ SS#: _____

HOME ADDRESS: _____ CITY/STATE/ZIP: _____

HOME PHONE: () _____ BUSINESS PHONE: () _____

HEALTH PLAN CARRIER: _____

POLICY #: _____ INSURANCE AGENT PHONE: () _____

POLICY HOLDER'S NAME: _____

NAME & RELATIONSHIP OF ANOTHER PERSON TO CONTACT (if a relative, identify relationship): _____

PHONE: () _____

FAMILY DOCTOR: _____ OFFICE PHONE: () _____

MEDICAL EXCHANGE: () _____

FAMILY DENTIST: _____ OFFICE PHONE: () _____

Do any pre-certification, notification, or other requirements exist with respect to the health insurance of participant?
If so, please specify:

Registrations also will be covered by a limited accidental death and accidental bodily injury policy (Guarantee Trust Life Insurance Company through Lutheran Trust) that provides reimbursement up to a minimal dollar amount for medical expenses incurred as the result of purely accidental injuries sustained while at the Servant Event. This coverage is secondary to all other insurance coverage available to the participant and will make payment only if such other insurance (participant's primary insurance policy) is not adequate to cover the medical expenses resulting from an accidental injury sustained while at the Servant Event.

I understand that the Servant Event for which this Consent Form and Liability Release is being given is as follows:

The "Construyendo la Casa de Dios" Servant Event will involve up to 20 adult participants in Anapra, Chihuahua, Mexico from December 25, 2008-January 3, 2009. These participants will work on the sanctuary of San Lucas Lutheran Church in Anapra. Work will include, but not be limited to: construction. There will also be opportunities for physical sports.

I hereby consent to participation of me or of my child in the above-described Servant Event (the "Servant Event"). I give permission to allow photographs and video taken during the Servant Event to be used for public relations by either St. Paul Lutheran Church in Caro, Michigan, Ysleta Lutheran Mission, or the Department of Youth Ministry-Lutheran Church--Missouri Synod. I have read the informational materials from this particular site and understand the risks involved in the planned activities. I am aware that in addition to typical servant activities such as Bible study, worship, sight-seeing, using public transportation, and meal functions, the participant also may be asked to participate in various other activities that may involve additional risks, such as painting and repairing houses and other service projects in addition to recreational activities.

I understand that I have a duty to provide primary accident and medical insurance for myself (or for my child) and I declare that I am (or my child is) covered by primary accident and medical insurance.

I RELEASE AND FOREVER DISCHARGE, THE DEPARTMENT OF YOUTH MINISTRY ("DYM"), THE LUTHERAN CHURCH--MISSOURI SYNOD ("SYNOD"), YSLETA LUTHERAN MISSION, AND ST. PAUL LUTHERAN CHURCH IN CARO, MICHIGAN, THEIR AGENTS AND SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES FROM ANY AND ALL DAMAGES AND CAUSES OF ACTION EITHER AT LAW OR IN EQUITY THAT I MAY HAVE AS A RESULT OF MY (OR MY CHILD'S) PARTICIPATION IN, ATTENDANCE AT, AND TRAVEL TO AND FROM THE SERVANT EVENT. FURTHERMORE, I DO HEREBY EXPRESSLY STIPULATE, AND AGREE TO INDEMNIFY AND HOLD FOREVER HARMLESS DYM, SYNOD, AND ST. PAUL LUTHERAN CHURCH IN CARO, MICHIGAN, ITS AGENTS AND SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES AGAINST LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMANDS OR ACTIONS IN LAW OR IN EQUITY THAT MAY HEREAFTER BE MADE OR BROUGHT BY ME OR MY CHILD, BY ANYONE ON BEHALF OF ME OR MY CHILD, OR BY ANYONE ELSE ON THEIR OWN BEHALF FOR DAMAGES OR ANY OTHER LEGAL OR EQUITABLE REMEDY ON ACCOUNT OF ANY INJURY, ILLNESS, PHYSICAL CONDITION, INCONVENIENCE OR LOSS SUSTAINED BY ME OR MY CHILD DURING THE SERVANT EVENT OR TRAVEL TO AND FROM THE SAME.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

FOR PARTICIPANTS AGE 21 AND OVER:

_____	_____	_____
Participant Signature	Date	Witness

FOR PARTICIPANTS UNDER AGE 21:

_____	_____	_____
Parent/Guardian of Servant Event Participant If Participant Under 21	Date	Witness

Name: _____

EMERGENCY MEDICAL INFORMATION FORM

EMERGENCY AND HEALTH INFORMATION (To be completed by all participants)

General: Does participant have: (if "yes" explain)

____ Yes ____ No ALLERGIES? _____
____ Yes ____ No HEART CONDITION? _____
____ Yes ____ No OTHER? _____

Is participant subject to: (if "yes" explain)

____ Yes ____ No HEADACHES? _____
____ Yes ____ No SEIZURES? _____
____ Yes ____ No MOTION SICKNESS? _____
____ Yes ____ No FAINTING? _____
____ Yes ____ No SLEEP WALKING? _____
____ Yes ____ No UPSET STOMACH? _____
____ Yes ____ No OTHER? _____

Does participant have reaction to: (if "yes" explain)

____ Yes ____ No BEE STING? _____
____ Yes ____ No PENICILLIN? _____
____ Yes ____ No OTHER DRUGS? _____
____ Yes ____ No POISON IVY, OAK, SUMAC? _____
____ Yes ____ No OTHER? _____

____ Yes ____ No Has the participant had any serious illness or surgery within the past ten years? _____

____ Yes ____ No Does the participant have any condition that would prevent him/her from participating in any Servant Event activities? Please list: _____

____ Yes ____ No Are any drugs ineffective in treatment? _____
____ Yes ____ No Is the participant diabetic? _____
____ Yes ____ No Does the participant have any sight or hearing impairment? _____
____ Yes ____ No Does the participant wear contact lenses? _____

Date of last tetanus shot: _____

A CURRENT TETANUS SHOT IS REQUIRED

Please indicate ANYTHING else, including current medication, that leaders should know to help avoid or deal with any situation that might arise:

AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE

For Participants Under 21 years old:

(I) (We), the undersigned parent(s) and/or natural guardian(s) of _____
SS #: _____, a minor, do hereby authorize my child's Servant
Event youth leader (and/or any other adult appointed or designated by him/her) to (i) consent to medical, surgical

and dental care for such minor child, (ii) consent to any diagnostic tests, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such minor child, and (iii) on (my) (our) behalf, to (a) employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child, (b) admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care and (c) sign all necessary consents and authorizations. It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical or dental care being required but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely and willingly. (Your signature must appear below or your child will not be permitted to attend the Servant Event.)

Signature: _____ Date: _____

Signature: _____ Date: _____

IN WITNESS WHEREOF, (I) (WE) have executed this "Authorization to Consent to Medical and Dental Care" this

_____ day of _____ 20____.

_____ Parent/Legal Guardian_

Parent/Legal Guardian

STATE OF _____) *

COUNTY OF _____) SS

)

On this _____ day of _____ 20____, before me, a Notary public, personally appeared and known to me to be the person(s) who executed the above Consent and stated that it was executed as his/her (their) free act and deed.

(SEAL)

_____ Notary Public

*If your state requires notary signature.