

**ST. JOHN'S LUTHERAN CHURCH
PRESCHOOL / DAYCARE
312 N. MAIN ST.
NORTH PRAIRIE, WI 53153
(262) 392-9334 or ps-dcdirector@stjohnsnp.org**

Medical Release and General Waiver of Liability Form with Adult Consent

Name of Participant: _____ **Date of Birth:** _____

Authorization and Waiver of Liability Acknowledgment

I/We understand that by participating in St. John's Lutheran Church activities we forever discharge St. John's Lutheran Church and its members from any and all liability of whatever kind or nature arising from and by reason of any and all known and unknown, foreseen and unforeseen, bodily and personal injuries, liability and/or the consequences thereof.

I/We, the undersigned participant or parent(s) or legal guardian(s) of the above-named minor, authorize St. John's Lutheran Church to provide any medical assistance/care/treatment options to me or my child as necessary.

I/We understand that in agreeing to allow St. John's Lutheran Church to provide such medical support/services, we hereby release and forever discharge St. John's Lutheran Church and its members from any and all liability of whatever kind or nature arising from and by reason of any and all known and unknown, foreseen and unforeseen, bodily and personal injuries, liability and/or the consequences thereof, resulting from such medical assistance/care/treatment provided to me and/or my child.

I/We have provided the important medical facts regarding me and/or my child to St. John's Lutheran Church.

Print Name of Participant or Parent/Legal Guardian (If under age 18)

Date

Signature of Participant or Parent/Legal Guardian for Authorization & Agreement

Date