

PLEASE PRINT CLEARLY AND READ THE BACK OF THIS FORM BEFORE SIGNING  
IMMANUEL LUTHERAN CHURCH & SCHOOL  
200 NORTH PLUM GROVE ROAD, PALATINE, ILLINOIS 60067  
Phone (847) 359-1936 s Fax (847) 359-1583

ANNUAL INFORMATION, LIABILITY, MEDICAL, EMERGENCY, PHOTO RELEASE FORM - Minor Child Under Age 18

A parent or guardian of each Immanuel Lutheran Church & School (ILCS) student or minor child that wishes to participate in any on-site or off-site field trip, overnight trip, special event, extracurricular program or activity including, but not limited to, athletic programs, fine arts programs, extended school supervision program, summer camp programs, VBS or special events organized or sponsored by ILCS must complete the following Liability Waiver and Release & Medical Consent Form before his/her student/child may begin participation. This Liability Waiver and Release & Medical Consent.

Form needs to be completed annually for each student/child and is valid from the date signed through August 31, 2024.

PERS. INFORM. of the Student/Child: ☐Immanuel Church Member☐Immanuel Church Non-Member/Guest

Name:  Gender: ☐Male☐Female

Street Address:  City:  State:  Zip:

Birth Date:  Age:  Class/Grade:

Home Phone:  Cell Phone:

Work Phone:

TRIP, EVENT, PROGRAM/ACTIVITY INFORMATION

The above named student/child has permission to participate in (as grade applicable) the following activities held annually at Ost Field in Palatine: Mile Run (Grades 3 – 8), Field Days (Full Day PreSchool - Grade 8), and Walk-a-Thon (Full Day PreSchool - Grade 8). Information outlining the specifics (date, time, meals...) of each Ost Field activity will be provided throughout the year. A separate registration and/or permission form will be required for any additional field trip, special event, program, or activity a student/child may participate in during the year; these materials will outline the specifics of each additional trip, event, program or activity such as location, date, time, fees, meals, housing, transportation, and chaperones.

OTHER EVENT:

MEDICAL INFORMATION

Check the appropriate box if the student/child has ever had any of the following; please explain under remarks:  
☐ Regular Medication☐ Asthma☐ Allergies (including drugs, hay fever, poison ivy...)☐ Bee/Wasp Reaction☐ Diabetes☐ Dizziness/Fainting☐ Epilepsy☐ Seizures☐ Heart Condition☐ High Blood Pressure☐ Operation in last year☐ Physical Handicap☐ Respiratory Problems☐ Problem Not Listed

REMARKS, include list of regular medications:

Health Insurance Provider:  Policy Number:

Family Doctor:  Office Phone:



Family Dentist:  Office:

**IN CASE OF EMERGENCY CONTACT**

Name:  Relationship to the Minor:   
Street Address:   
City:  State:  Zip:   
  
Home Phone:  Cell Phone:  Work Phone:

**PUBLICITY RELEASE AUTHORIZATION**

I understand photos, videos and sound recordings of students and children may be used on the Immanuel website, yearbook, brochures or other such media for the purpose of public relations, promotion of Immanuel events, recruitment, student records, historical records or other activities that serve to publicize Immanuel Lutheran Church & School. I further understand that all photos, videos and sound recordings will be taken in a public venue and will not offend Christian or civil standards, and that no written identification of any individual student/child will accompany photos, videos, or sound recordings other than those used for student and historical records. I authorize Immanuel Lutheran Church & School to take photos, videos, and produce sound recordings of the above named student or child and to use such photos, videos and sound records as follows:

- ☐ Yes, I Authorize
- ☐ No Authorization

**PLEASE PRINT CLEARLY AND READ THE SECOND PAGE OF THIS FORM BEFORE SIGNING**

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**LIABILITY WAIVER RELEASE & LIABILITY RELEASE & MEDICAL CONSENT**

In consideration of being allowed to participate in the Trip, Event, Program or Activity sponsored by Immanuel Lutheran Church & School, Palatine, IL; and in consideration of the benefits derived therefrom, I on my behalf and, if applicable, on behalf of the Minor named on the reverse side (the “Minor”) hereby release the Northern Illinois District of the Lutheran Church -Missouri Synod, Immanuel Evangelical Lutheran Church-Palatine/Immanuel Lutheran Church & School and their present and former trustees, officers, directors, boards, shareholders, employees, agents and their heirs, administrators, executors, successors, and assigns from all demands, actions, suits, proceedings, damages, claims and liabilities of any kind, whether known or unknown, which arise from or are connected with my or the Minor’s participation in the event.

I am aware that in addition to typical activities such as Bible study, worship, sight-seeing, using public transportation, and meal functions; that I or the Minor may participate in various other activities that may involve some risks, such as service projects and recreational activities. I have read the informational materials about this Event and the site and understand the risks involved in the planned activities. I recognize that the conditions, equipment or standards in some of the places which I or the Minor will travel may not be of the same quality level or standards as the conditions, equipment or standards to which I am accustomed. I realize further that there are certain health risks as well as other risks to me or the Minor and our property. I enter into participation in this Event with knowledge of those risks and acceptance of responsibility for any harm, injury or damage resulting therefrom. If for any reason I am unable to complete my stay at the Event, I assume full responsibility for expenses incurred for my return home.

In the event of an emergency, I hereby authorize a leader of this activity, as an agent for me or the Minor, to consent to: any x-ray, examination; medical dental or surgical diagnosis; treatments; hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or country where services are rendered, either at a doctor’s office or in a hospital. I expect to be contacted or my family contacted as soon as possible.

I understand that this document constitutes a full and complete waiver & release of any & all possible claims



for any act or omission, including negligence pertaining to illness, injury or property damage arising out of my or the Minor’s participation in the Event.

I understand that this release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected risks, damages, losses, or liabilities and the consequences thereof, which result from the matters herein before inferred to as well as those not disclosed and known to exist. The provisions of any state, federal, local law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

Furthermore, I do hereby expressly stipulate, and agree to indemnify and hold forever harmless the Northern Illinois District, the Lutheran Church-Missouri Synod, Immanuel Evangelical Lutheran Church-Palatine/Immanuel Lutheran Church & School, and their agents, servants, successors, assigns, boards, 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 the Minor or on our behalf, related to or resulting from any occurrence, act or omission during the Event, or travel to/from the Event.

I also hereby release and waive any and all claims for liability against any of the host churches, host institutions and the employees, agents, officers, directors, shareholders, contractors and assigns of such host church or host institution or the owner of any sites that I or the Minor may be at during the Event.

By acceptance of participation in the Event, the undersigned agrees to the foregoing and also agrees that the Northern Illinois District of the Lutheran Church-Missouri Synod, Immanuel Evangelical Lutheran Church-Palatine/Immanuel Lutheran Church & School, and their employees and other representatives, shall not be liable for loss, damage, injury or inconvenience caused by or resulting from the malfunction of transportation, equipment, strikes, acts of war or insurrection, fire, pandemic, theft, delays, schedule changes, or cancellations.

I certify that I am of lawful age and competent to sign this Release, or that I have all right, power and authority to do so on behalf of the Minor, that I understand its contents and that I have signed this release voluntarily.

I certify the information provided on this document is correct and I have read the **LIABILITY WAIVER RELEASE** above and understand its contents. I agree to its terms and sign this of my own free act and deed.

Minor Participant’s Printed Name:

Parent/Guardian Printed Name:  Relationship to Minor:

Parent/Guardian address:  Phone number:

**PLEASE PRINT CLEARLY AND REVIEW THE FIRST PAGE OF THIS FORM BEFORE SIGNING**  
Immanuel Lutheran Church & School, 200 North Plum Grove Road, Palatine, IL 60067  
Phone (847) 359-1549 s Fax (847) 359-1583  
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X \_\_\_\_\_



# Signature Certificate

Document name: Liability, Medical, Emergency & Photo Release  
2024-25

🔒 Unique Document ID: 2EAC4EF180F97CDC51E7D580A0C9EAD6D3526870



**Timestamp**

March 3, 2024 5:26 pm CST

**Audit**

Liability, Medical, Emergency & Photo Release 2024-25  
Uploaded by ILCP - Immanuel Lutheran Church & School  
- brazzle@att.net IP 172.58.167.30



This audit trail report provides a detailed record of the  
online activity and events recorded for this contract.