



4 LaSalle Avenue, Barron, WI 54812  
A congregation of the Evangelical Lutheran Church of America

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# Emergency, Liability, and Promotional Release Form

## K-WOW! Sept. 2023 through August 2024

*This form needs to be completed annually. Make a copy for your records. Return to the church staff.  
You are responsible for contacting First Lutheran Church and updating the form after changes occur.*

### INFORMATION:

Student's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Name student prefers being called \_\_\_\_\_  
Parent(s) or Guardian(s) Name(s) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_  
Email \_\_\_\_\_

Information concerning student's medical history, including ALLERGIES, MEDICATIONS BEING TAKEN, and any PHYSICAL IMPAIRMENTS/LIMITATIONS to which a physician should be alerted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY PHONE NUMBERS (when the above named cannot be reached, who should be contacted in an emergency):

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone Number \_\_\_\_\_

LIST ANY SITUATIONS (personal, family, health, allergies, diet) that we should be aware of concerning your child:  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE CHECK ONE PICK UP OPTION:

I will pick up my child at 4:50 in Luther Hall. (You are invited to attend worship at 5:00 & meal following.)

I will pick up my child following worship at 5:30. (Please join us for a meal following worship.)

**LIABILITY RELEASE:** I understand all reasonable safety precautions will be taken at all times by First Lutheran Church of Barron, WI and its agents during events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to not hold First Lutheran Church of Barron, WI, its employees and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by the student of this form.

**EMERGENCY AUTHORIZATION:** In the event reasonable attempts to contact the legal guardians from the information given have been unsuccessful, I hereby give my consent to take my child/youth to a licensed physician or dentist or hospital and hereby give my consent and authorizations of any treatment deemed necessary by a licensed physician or dentist, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

**MEDIA RECORDING AND PROMOTIONAL RELEASE:** To help share what happened at events here at First Lutheran Church we take a lot of pictures. We do use pictures and videos in First Lutheran publications such as our website, worship slides, newsletter, Facebook, etc. However, we NEVER associate an individual's name or personal information with our pictures. If you would rather not have your pictures published in these forms, or have questions, please contact the church office in writing.

Student's Name \_\_\_\_\_

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_