FAITH CRU

A. Student information		
Student Name:		Student Grade:
B. Permission and R	Release of Liability.	
for	to participate in the following	, we hereby give our express permission lowing programs at and conducted by Faith Lutheran : (Please mark all that apply)
Boys and Girls Soco	er	
Girls Volleyball		
consent to, and requirements of licensed healthcare in Faith Lutheran's sindividually or through association with such We hereby release, Faith Lutheran from illnesses (including dattorney's fees, experious) which may a emergency treatment child, or which may a participation in the significant feath Lutheran, as the agents, volunteers, or	provider for our child, it sole discretion. We expend a health insurance of the emergency medical the indemnify, defend, and any and all liability and COVID-19) and injuries enses, costs, judgment accrue because of, arisent referenced herein or accrue because of, arisent referenced herein or accrue because of, arisent term is used in this	programs identified above, we hereby approve, al treatment be provided by the hospital, physician, or f such is necessary as determined by Faith Lutheran, ressly assume full financial responsibility, either carrier, for any and all bills and amounts incurred in treatment. If forever discharge and hold harmless ("Release") dive hold Faith Lutheran harmless from any and all is (including death), claims, demands, liability, suits, is, awards of any kind or character (collectively, e out of, or are in any way connected with the care given or obtained by and/or through it for our se out of, or are in any way connected with our child's ed above. We understand and acknowledge that Release, includes employees, administrators, and the Board of Education, individually and in any
Parent Signature:		
Date:		
Please Circle		
T-SHIRT SIZE		
Youth Small	Youth Medium	Youth Large
Adult Small	Adult Medium	Adult Large