

GATHERING RELEASE FORM

Medical / Information / Media Release Form
SWMN ELCA Synod: Senior High Youth Gathering 2026

Reproduce this form. A form is needed for every youth AND adult participant. Please email a copy

Participant Name: _____

Participant Date of Birth: _____

Parent/Guardian Names (youth only):

Parent/Guardian Phone Numbers (youth only):

Medical Conditions/Allergies: (attach further explanation if necessary)

Emergency Contact:

Youth participants– who can we call if parent/guardian is unavailable?

Adult participants– who can we contact in case of an emergency?

Emergency Contact Phone #: _____

Insurance Company Name and Policy #:

Photo/Media Release Permission:

I hereby grant permission for gathering planners or LYO members to use photos and videos of the above participant for Youth Gathering communication and promotion of the event – including printed & social media platforms.

Signed: _____ Date: _____

Parent/Guardian Permission (Youth Only):

I hereby grant permission for my child to attend the SW MN Synod Senior High Youth Gathering, to be held in Redwood Falls, MN on April 10-11, 2026. I also give my permission, in case of an emergency, for medical attention to be sought by the chaperones for my child's group and/or the persons in charge of the gathering. I understand all efforts will be made to notify me immediately of any such happenings.

Signed: _____ Date: _____