

GATHERING COPY

**Medical Release/Information/Media Release Form**  
SW MN Synod Junior High Youth Gathering

Please reproduce this form: One form is needed for every youth and adult participant.

Participant Name: \_\_\_\_\_

Age (youth only): \_\_\_\_\_

Parent/Guardian Names (youth only): \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Phone Numbers (youth only): \_\_\_\_\_

\_\_\_\_\_

Medical Conditions/Allergies:

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact (for **youth** participants, who can we call if parent/guardian is unavailable, for **adult** participants, who can we contact in case of an emergency):

\_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

Insurance Company name and policy #:

\_\_\_\_\_

Photo/Media Release Permission (It is OK for gathering planners to use photos and videos that include the above participant for future Youth Gathering communication.):

\_\_\_ YES \_\_\_ NO

Parent/Guardian Permission (youth only): I hereby grant my permission for my child to attend the SW MN Synod Junior High Youth Gathering, to be held at the Willmar Conference Center in Willmar, MN from Nov. 17-18 & 18-19, 2017. I also grant 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 that all efforts will be made to notify me immediately of any such happenings.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of parent/guardian)

CONGREGATION COPY

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\_\_\_\_\_

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(Signature of parent/guardian)