



WORD OF LIFE CHURCH
890 Kingsway Drive
Le Sueur, Minnesota 56058
(507) 665-6393
www.wordoflifelbc.org

2010-2011 School Year Release Form

I, the parent/guardian, hereby acknowledge that I have voluntarily allowed my child listed above, to participate in the youth group events of Word of Life Lutheran Brethren Church in LeSueur MN. I understand that participants will be playing games, team events, and other activities. I am aware of the risks inherent to these activities and I knowingly and willingly allow my child, listed above, to assume the risk of injury.

I also allow _____ to travel to events with an accomplished adult driver. I know that from time to time that some events may even be overnight events and I understand that WOL CLB will have its staff present to chaperone those events.

I understand that any bodily injury, death, or loss of personal property and expenses as a result of these activities is my responsibility. I release from any legal liability to Word of Life Church.

In the event of needed medical assistance I give permission for the staff from Word of Life to see to it that my child is cared for appropriately.

Please sign and date below.

Name of insurance policy _____

Policy Number _____

Emergency Contact Number (parent/Guardian) _____

Emergency Contact Number _____

Home Address _____

Email _____

WORD OF LIFE CHURCH: A PLACE TO BELONG, TO BELIEVE, TO BECOME!
MARK JOHANNESSEN, ASSOCIATE PASTOR
ED NUGENT, PASTOR