

Release Form

I give _____ permission to go to _____.
(name of participant) (name of event)

I understand that everyone involved will make every attempt to provide safe supervision, transportation, and I release Trinity Lutheran Church and the adults accompanying, of all responsibility having to do with the welfare of my child during this event. I also understand that if an accident does occur, my insurance company will provide the primary coverage.

Student Name: _____ Grade: _____

Student address (include zip): _____ Email: _____

Student Cell #: _____ Parent Telephone #s: Home _____ Work _____

Insurance Company & Policy # : _____

Any Medical concerns: _____

Parent/Guardian Signature: _____ Date: _____

**Trinity Lutheran Youth Ministry
Quest Student Ministry
330 W. Halleck
Papillion, NE 68046**

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