

Zion Lutheran Church

8500 Hillside Trail Cottage Grove, MN 55016

Phone: 651-459-3010

www.zioncg.org

Photo Image Consent

I give permission for my child(ren)'s image(s) to be used in any Zion publications, promotional materials, videos or slide shows, including the Zion website and social media platforms.

Parent/Guardian(s) Signature(s)

**Minor Participation Authorization and
Consent to Emergency Medical Treatment Form**

I, the undersigned, certify that I am the parent or legal guardian of _____
[hereafter the "minor child(ren)"]. (name of child(ren))

I hereby give my consent to have my minor child(ren) participate in **Zion Lutheran Church** sponsored activities (hereafter "these activities").

I recognize that there are risks involved in participating in these activities and hereby assume all risk of injury, harm, damage, or death to my minor child(ren) in connection with his/her participation in these activities.

To the fullest extent permitted by law, I release **Zion Lutheran Church**, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in these activities and agree to save and hold harmless **Zion Lutheran Church**, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child(ren)'s participation in these activities.

Further, being the parent or legal guardian of the minor child(ren), I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child(ren). I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child(ren). As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child(ren) and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Parent/Guardian(s) Signature(s) **Date:** _____