

I give permission for my child to attend and fully participate in Christ Academy Confirmation Retreat at Concordia Theological Seminary, Fort Wayne (CTSFW), from September 23-25, 2022. I release and forever discharge CTSFW, its agents, and servants, successors and assigns, directors, trustees, officers, employees, and other representatives from any and all claims, damages, and causes of actions either at law or in equity that I may have as a result of my (or my child's) participation in, attendance at, and travel to and from the activity.

Furthermore, I do hereby expressly stipulate, and agree to indemnify and hold forever harmless, CTSFW, their agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives against loss from any and all present or future claims, damages, or actions in law or in equity that may hereafter be made or brought by me (or my child), during the activity, or travel to and from the activity.

By acceptance of participation in the activity, the undersigned agrees to the foregoing and also agrees that CTSFW and the organization involved, their employees, and other representatives, shall not be liable for loss, damage, injury, or inconvenience caused by or resulting from the malfunction of transportation equipment, strikes, acts of war or insurrection, fire, delays, theft, or itinerary or schedule changes or cancellation.

I have read the information provided on this particular activity and understand and I am aware of the risks involved in the planned activity.

If any conduct of the participant warrants them to be excused from participation in any event, I assume all responsibility for disciplinary action and picking up my child upon being notified by the adult supervisor in charge. Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

Participant Name

Parent/Guardian Name

Parent's Signature

Date



General Participant Photo & Video Release Form

Release and Waiver of Rights for Seminary Photo & Video Projects

Event Name: Christ Academy: Confirmation Retreat
Event Dates: September 23–25, 2022

I agree that this form is a blanket release form for one year beyond the ending date listed above. I agree that it will be in effect for the entire defined academic year and therefore will be the only such form necessary for me to sign during that period of time.

By signing this release form I authorize Concordia Theological Seminary to collect and use the following personal information:

1. My picture – including photographic, motion picture, and electronic (video) images.
2. My voice – including sound and video recordings.

I hereby grant to Concordia Theological Seminary, its subsidiaries, licensees, successors, and assigns, the right to use, publish, and reproduce, for all purposes, my name, pictures of me and, if applicable, my spouse or the minors listed below in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copy of the information described in sections (1) and (2) above in any and all media including, without limitation, cable and broadcast television and the internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures, and other print media. This permission extends to all languages, media, formats, and markets now known or hereafter devised.

I further grant Concordia Theological Seminary all right, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant Concordia Theological Seminary the right to alter or edit, give, sell, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit. I also understand that Concordia Theological Seminary pledges to use the photographs and videos in a positive way and will not embarrass, ridicule, or impose negative impressions of persons depicted in the photographs or videos.

I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for Concordia Theological Seminary's use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

The above rights and permissions will be held by CTSFW in perpetuity on any personal information defined in sections (1) and (2) that is collected during the one year following the event ending date listed above. These rights do not apply to any other personal information that is collected either before the event starting date or one year after the ending date listed above.

I certify that I am of lawful age (18) and competent to sign this Release and Waiver of Rights or that I have all right, power, and authority to do so on behalf of the minors named below, that I understand its contents, and that I have signed this Release and Waiver of Rights voluntarily.

I acknowledge that I have read the foregoing and I fully understand the contents.

Date: _____/_____/_____

Parent of Minor Participant or 18+ age Participant Printed Name: _____

Parent of Minor Participant or 18+ age Participant Signature: _____

Street Address: _____

City, State, Zip _____

Phone number: _____

Minor's Printed Name: _____

Each Christ Academy student and staff member is required to complete the following form in its entirety. The signature of a parent or guardian for every student under the age of 21 is required. This form must be returned to Christ Academy prior to the beginning of the retreat on September 23, 2022. Please type or print in ink.

PARTICIPANT INFORMATION

Full Name		Date of Birth	Gender		
Home Street Address		City	State	Zip	
Parent 1 Emergency Contact	Home Phone	Cell Phone	Work Phone		
Parent 2 Emergency Contact	Home Phone	Cell Phone	Work Phone		
Alternate Emergency Contact	Home Phone	Cell Phone	Work Phone		
Current Medical Conditions					
Allergies and Drug Sensitivities					
Medications					
<i>Participants are responsible for the administration of their own medication, unless other arrangements are made with the directors.</i>					
Name of Medication	Date Started	Reason	Frequency	Dosage	Method of Administration
Medical Insurance Provider		Phone Number	Policy/Group Number		
Primary Care Physician	Phone	Dentist	Phone		
Eye Doctor	Phone	Other:	Phone		

General Health History					
<i>Have you had a history with any of the following?</i>	Yes	No	<i>Have you had a history with any of the following?</i>	Yes	No
1. Lung disorder			12. Headaches/Migraines		
2. High blood pressure			13. Seizures		
3. Heart trouble			14. Disease or disorder of the blood		
4. Nervous disorder			15. Vision/hearing disorder		
5. Cancer of any form			16. Physical defects or deformities		
6. Kidney disease			17. Contagious disorders		
7. Diabetes			18. Passing out during exercise		
8. Arthritis			19. Vision (requiring glasses or contacts)		
9. Hepatitis			20. Back/joint pain		
10. Depression			21. Asthma/shortness of breath		
11. Malaria			22. Other		
If "Yes" for any of the above, please write the number and describe below:					
Mental and Social Health					
<i>Have you:</i>				Yes	No
1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder(ADHD)?					
2. Ever been treated for emotional or behavior difficulties or an eating disorder?					
3. During the past 12 months, seen a professional to address mental/emotional health concerns?					
4. Had a significant life event that continues to affect your life? <i>(e.g. abuse, death of a loved one, family change, adoption, foster care, disaster)</i>					
If "Yes" for any of the above, please write the number and describe below:					
Have you been treated by a physician, been disabled, or hospitalized during the last year? Please describe:					
Have you been advised to have a surgical operation in the last five years? Did you have the operation? Describe:					
Date of last physical			Date of last tetanus shot		
Other pertinent information regarding health, diet, or restrictions					

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

I/We, the undersigned parent(s)/guardian(s) of _____, a minor, do hereby authorize the staff and directors of Christ Academy, a program under the operation of Concordia Theological Seminary, Fort Wayne, Indiana, to:

- Consent to medical, surgical, and/or dental care for such minor child.
- Consent to any diagnostic tests, medical, surgical, or dental procedure as may be considered therapeutically necessary by the physician, surgeon, dentist, or other health care personnel providing care for such minor child.
- Employ physicians, surgeons, dentists, nurses or other health care personnel on my/our behalf as may be deemed necessary for such minor child, admit such child to any hospital, clinic, emergency room, laboratory, or other health care or diagnostic facility for examination, treatment, surgery, or care, and sign all necessary consents and authorizations.

I/We understand that every attempt will be made to notify the parent(s)/guardian(s) first. If a parent or guardian is not available, the above authorizations will take place.

I/We understand that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical, or dental care being required, but is given to provide authority to obtain such care should it be required.

I/We understand the information on this form will be shared on a “need to know” basis with Christ Academy staff. I/We give permission to photocopy this form. In addition, Christ Academy and its representatives have permission to obtain a copy of my child’s health record from providers who treat my child and these providers may talk with the program’s staff about my child’s health status.

I/We fully understand the consequences of the foregoing statements and sign this Authorization for Medical Treatment of a Minor knowingly, freely, and willingly.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date