

**HOPE FREE EVANGELICAL LUTHERAN CHURCH, AFLC**  
**YOUTH GROUP**  
795 North Lake Drive  
906-485-5714

ASSUMPTION OF RISK, RELEASE OF LIABILITY and WAIVER OF CLAIMS  
PARENTAL CONSENT  
PLEASE READ CAREFULLY  
BY SIGNING THIS FORM, YOU MAY GIVE UP CERTAIN LEGAL RIGHTS  
**CONSENT OF PARENT OR GUARDIAN IS REQUIRED FOR PARTICIPANTS**

**Please print carefully:**

NAME OF PARTICIPANT: \_\_\_\_\_

ADDRESS OF PARTICIPANT: \_\_\_\_\_ City/zip \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

PLAN OR POLICY NUMBER: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

LAST DATE OF TETANUS SHOT: \_\_\_\_\_

PARENT/GUARDIAN NAMES: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

MOTHER'S WORK NUMBER: \_\_\_\_\_ FATHER'S WORK NUMBER: \_\_\_\_\_

ALTERNATE CONTACT PERSON: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HEALTH CONCERNS (Please identify any allergies, health problems, medications or other health concerns):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISCLAIMER**

Hope Free Evangelical Lutheran Church, AFLC, Ishpeming, Michigan and its leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives (collectively referred to as "Hope Free Evangelical Lutheran Church, AFLC") are not responsible for any injury, loss of damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with Hope Free Evangelical Lutheran Church, AFLC and all related activities associated with Hope Free Evangelical Lutheran Church, AFLC, including injury, loss or damage.

**ASSUMPTION OF RISKS**

IN CONSIDERATION OF Hope Free Evangelical Lutheran Church, AFLC allowing me or my child to participate in events, activities, or travel with Hope Free Evangelical Lutheran Church, AFLC and all related activities associated with the Hope Free Evangelical Lutheran Church, AFLC, including participation in the Youth Group from **January 1, 2026** through **January 1, 2028** inclusive, and all activities related to the Youth Group (collectively referred to as the "Activities"), I acknowledge that I am aware of the possible RISKS, DANGERS AND HAZARDS associated with participation in the Activities including the possible risk of severe or fatal injury to myself or others. These risks include but are not limited to the following:

- The risks associated with traveling to and from the Activities by means of private or public transportation, which may include but are not limited to a motor vehicle accident resulting in physical injuries or death.
- The possibility of personal injury incurred while using private or public transportation for travel to and from the Activities, including being knocked down or being involved in a physical confrontation whether caused by myself or someone else
- Medical problems arising before, during or after the Activities
- Failure to follow the instructions or directions of the persons in charge of the Activities

I, for myself or my child, voluntarily accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, partial or permanent disability, property damage or loss resulting from my or my child's participation in the Activities.

**RELEASE OF LIABILITY and AGREEMENT**

IN CONSIDERATION OF Hope Free Evangelical Lutheran Church, AFLC allowing me or my child to participate in the Activities, I agree on behalf of myself and/or my child:

1. TO ASSUME and ACCEPT ALL RISKS arising out of, associated with or related to my or my child's participation in the Activities.
2. TO WAIVE and RELEASE Hope Free Evangelical Lutheran Church, AFLC from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child's participation in the Activities due to any cause whatsoever.
3. TO INDEMNIFY and HOLD HARMLESS the Hope Free Evangelical Lutheran Church, AFLC from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the Activities.
4. TO INDEMNIFY and HOLD HARMLESS the Hope Free Evangelical Lutheran Church, AFLC from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child's participation in the Activities.

**YOUTH PARTICIPATION CONSENT**

ACKNOWLEDGMENT OF PARTICIPANT:

I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the instructions or directions the persons in charge of the Youth Group, and to obey requests to comply with safety regulations as directed by the persons in charge of the Youth Group, including designated leaders and drivers of private or public transportation. I will be solely responsible for myself, will wear a seat belt when available and will not disturb or distract the driver when using private or public transportation to travel to and from Youth Group activities. At all Youth Group sports events or other activities, I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment. I will not endanger the safety of myself or others at any activities, outings or sports events of the Youth Group or when using private or public transportation for travel to and from such activities.

ACKNOWLEDGMENT OF PARENT OR GUARDIAN OF PARTICIPANT:

We, the undersigned Parents or Guardians of the Participant, hereby authorize and consent to the Participant's involvement in the Youth Group, including any use of private or public transportation deemed necessary by the persons in charge of the Youth Group for Participant travel to and from Youth Group activities, or to the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY in the event that emergency or other medical treatment not available at the site of a Youth Group activity is deemed advisable. We hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, or illness during the activities of the Youth Group.

ACKNOWLEDGEMENT and SIGNATURE

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my heirs, executors administrators, successors and assigns. I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT and I ACKNOWLEDGE THAT by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that I or my child may have.

This Consent, Authorization and Acknowledgment shall be effective **January 1, 2026** to and including **January 1, 2028**.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date Signed