2016 Can-Can and Lock-In Release Form

This form must be completed for every friend (student that is not registered for confirmation at Lands Lutheran) attending this event.

Student Name:	Student Name:
Parent/Guardian Name(s):	Parent/Guardian Name(s):
Best Phone # to reach you at during event:	Best Phone # to reach you at during event:
Any allergies, medications, illness, or other information we should be aware of?	Any allergies, medications, illness, or other information we should be aware of?
Promotional Release Unless otherwise stated below, I give permission for my child's photo to be eleased for publicity purposes without compensation.	Promotional Release Unless otherwise stated below, I give permission for my child's photo to be released for publicity purposes without compensation.
Parental Release am the parent/legal guardian of the participant named on this form, and hereby grant my permission for him/her to participate fully in this Lands butheran Church event, and to be transported off-site with Lands Lutheran staff nembers or volunteers. In the event of an emergency and I cannot be eached, I give permission for the supervising Lands Lutheran staff member or to the available adult leader to sign forms that would ensure the necessary and mediate treatment of the participant. I give permission for those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in their regard from liability, as long as there is no gross negligence.	Parental Release I am the parent/legal guardian of the participant named on this form, and hereby grant my permission for him/her to participate fully in this Lands Lutheran Church event, and to be transported off-site with Lands Lutheran statementers or volunteers. In the event of an emergency and I cannot be reached, I give permission for the supervising Lands Lutheran staff member or to the available adult leader to sign forms that would ensure the necessary are immediate treatment of the participant. I give permission for those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in their regard from liability, as long as there is no gross negligence.
Parent Signature:	Parent Signature:

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