MEDICAL INFORMATION FORM & LIABILITY RELEASE

EVENT: Faith Lutheran Bus Trip to Branson, MO

Dates: December 1 – 5, 2026 (Tue-Sat)

This form must be completed by all participants and turned into the church office before departure. One copy should be carried with the group leader. This form must also be signed by the parent or guardian of participants under 18 years of age.

Participant or Couples Name: _____

Address: _____

City, State Zip: _____

Email: _____

Cell Phone: _____

Phone (spouse): _____

Single or Double Occ. Room:_____ If Double, my Roommate is:_____

Health Plan Carrier: _____

Emergency Contact Person and Phone: _____

Second Emergency Contact, Name and Phone: _____

Specify any health concerns we should be aware of (food allergies etc): _____

_____

I hereby consent to participation in the above-described event. I understand and I declare that I am (or my child is) covered by primary accident and medical insurance. I hereby release Faith Lutheran Church and its staff or volunteer representatives from any and all damages of my (or my child's) participation in this event.

I also hereby understand that the travel dates are subject to change due to the weather conditions.

Furthermore, I give permission for any pictures taken during the event for future use by the Faith Lutheran Church for display or publication such as in our newsletter.

Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

(if form is completed by couples together, we need both signatures)

Please return this Form to Faith Lutheran along with an initial $200 Deposit Due by Nov. 1, 2026. Final Deposit due upon departure.

Office Notes:_____