Grace Lutheran Church
1061 Sherman Street, PO Box 577
Sturgis, SD 57785 (605-347-2713)
Church Website: www.sturgisglc.org

YOUTH MINISTRIES CONSENT AND RELEASE FORM 2026-2027

Please print & return completed form to church or email gracelutheran@rushmore.com

_____ has my permission to participate in all activities of Grace Lutheran Church.
(Student's name)

I understand all events will have adult supervision. In consideration of the benefits to be derived from these activities, I hereby voluntarily waive any claim against Grace Lutheran Church, the sponsors, and the owner/or driver furnishing transportation to the event. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the sponsors in charge. This consent and release is in effect until I give Grace Lutheran Church written notice to the contrary.

ADDRESS INFORMATION:
Parent's names: _____

Street: _____

City: _____ ZIP: _____

Phone 1: _____Phone 2:_____Phone 3:_____

E-mail: _____ Student's Birthdate: _____

Grade child is in: _____

Does she/he have any allergies or allergic reaction to any medication or food? ____yes____no. If yes, explain

_____

Approved Persons to pick up your child: _____

Name of family Physician: _____Phone:_____

PHOTO RELEASE AGREEMENT: please check one statement below. Names would not be released.

____ I authorize Grace Lutheran Church to post pictures of my minor student on the church website.
____ I DO NOT authorize Grace Lutheran Church to post pictures of my minor student on the church website.

PARENT/GUARDIAN SIGNATURE: _____ Date _____