

**Halfway Creek Lutheran Church Sunday School Release Forms 2022-2023**

Parent/Guardian: \_\_\_\_\_

Child 1: \_\_\_\_\_ Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_ Child 4: \_\_\_\_\_

**Child Dismissal Release**

Children in Kindergarten or younger must be picked up by a parent, other adult, or sibling in 3rd grade or older. For children in Kindergarten or younger, who will pick up the child?

\_\_\_\_ Parent

\_\_\_\_ Sibling in grade 3 or older Name: \_\_\_\_\_

\_\_\_\_ Other responsible adult Name: \_\_\_\_\_

For children in 1st-5th grade:

\_\_\_\_ My child may leave at the end of class without a parent.

\_\_\_\_ My child may NOT leave class without an adult picking them up.

Name of adult other than parent who may pick up the child: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Medical Release (if I am not present)**

If during an activity my child(ren) has a medical emergency (about which I understand I will be contacted as soon as possible), and I am not present or cannot be reached, I authorize an adult leader of the activity to obtain and consent to any medical treatment that a medical practitioner determines necessary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Parent/Guardian: \_\_\_\_\_

Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_

Child 4: \_\_\_\_\_

**Photo Release**

I am aware that photographs or video may be taken of Halfway Creek's Sunday School participants during events, activities, and classes by staff members, professional photographers, news media or volunteers. I also understand that my child is not required to have his/her picture taken.

I waive the right to see or approve any publications that contain photographs of my child.

I release Halfway Creek and its representatives from responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs or video of my child.

I certify that I have read the above authorization, release, and agreement, and fully understand what this document says.

I give Halfway Creek and its representative permission to use photographs or video that include my child in any and all media products for promotion, art, advertising, editorial or other purpose. This may include but is not limited to newsletters both print and email, posters, brochures, ads, postcards and web pages.

Children's names:

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

No, I do not agree to the above stated photo release

Yes, I do agree to the above stated photo release

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date