

RELEASE FORM FOR LIFEPOINTE CHURCH STUDENT ACTIVITIES

Parent name: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
Home phone: \_\_\_\_\_ Parent day phone: \_\_\_\_\_
Parent cell phone: \_\_\_\_\_ Email: \_\_\_\_\_
Student name \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_
Student name \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_
Student name \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_
Student name \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Permission and Medical Statement

I hereby certify that my son/daughter has my approval to attend events sponsored by or associated with LifePointe Church in 2010. I understand all reasonable care will be taken to avoid accident or injury to my child while on all trips and events with the LifePointe Church Student Ministry and release the paid and/or volunteer staff of LifePointe Church and the paid and/or volunteer staff from any event attended by the LifePointe Church Student Ministry from any and all liability. In the event of medical emergency, I understand every effort will be made to contact me or the authorized person listed on this form. In the event we cannot be reached, I grant permission to the staff of the trip or event to secure medical and/or surgical care for my child named above. I understand that LifePointe Church does not carry medical insurance for its youth activity participants and agree to accept the expense of emergency care through my medical insurance and/or personal resources.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_
Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_
Policy Holder's Name: \_\_\_\_\_
Child's Allergies/Illnesses: \_\_\_\_\_
Additional Contact Person #1: \_\_\_\_\_ Phone: \_\_\_\_\_
Additional Contact Person #2: \_\_\_\_\_ Phone: \_\_\_\_\_
Additional Contact Person #3: \_\_\_\_\_ Phone: \_\_\_\_\_

Attach a list of any ongoing prescription medications being taken. Describe any special needs due to disability. In participating with the LifePointe Church Student Ministry, I the undersigned, understand that I willfully and freely participate in this program under my own volition/personal responsibility and liability. As such, I fully understand that I participate solely under my own liability/family insurance plan germane to any risk factor that may arise during a trip or event, either foreseeable or unforeseeable, including but not limited to: medical emergency, hospitalization, accident, dismemberment or death. I further understand and agree to hold harmless in law and in equity any of the LifePointe Church or event staff, or other individuals or congregations participating in these programs, for any negligence, or personal/group satisfaction/dissatisfaction pertaining to any aspect of the program or travel related to LifePointe Church student ministry events.

\_\_\_\_\_  
Parent or Guardian Signature Date