

STUDENT MINISTRY PERMISSION AND RELEASE FORM
Lifepointe Christian Church

Event Information:

Event Name: _____ Event Dates: _____
Event Location: _____

Participant Information

Participant Name: _____ Age: _____ Grade: _____ DOB: _____
Parents Name: _____
Home Address: _____

Medical Information

Please list any prescriptions, allergies or health limitations we should be aware of:

Emergency Contact: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____
Insurance Co.: _____ Policy #: _____
Group #: _____

The undersigned participant and/or the natural parent or legal guardian of the above named, give consent for the above named person to participate in the above listed event on the listed dates. The undersigned gives permission for riding in vehicles provided by *Lifepointe Christian Church* staff or volunteers and with a clear understanding that participation in the above activities creates a risk normally associated with such activities. I give permission for my child, or for myself, to receive emergency medical attention from a physician in the event of illness or injury at the discretion of *Lifepointe Christian Church*, its employees and volunteers.

In recognition of the foregoing matters, the undersigned, parent or guardian, releases *Lifepointe Christian Church*, its employees, agents, officers, directors, or members from and against any and all liability, loss claim, damage, or expense resulting from or related to participation in the listed event. I give permission for photos or video of my child, or myself, taken while participating in this event to be used at the discretion of *Lifepointe Christian Church*.

Student Signature: _____ (or) Adult Signature: _____

Parent/Legal Guardian Signature: _____

Date: _____

