

**LifePoint Church, INC.
PARTICIPATION AGREEMENT**

This Participation Agreement is by and between **LifePoint Church, INC.**, and,

_____, for
Name of Parent/Guardian

Name of Child/Youth Participant (the "Child")

The undersigned Parent/Guardian hereby represents and agrees:

1. **CONSENT.** My child has permission to engage in all LifePoint Church activities, including, but not limited to _____. This consent and authorization is intended to extend to any future LifePoint Church activity in which the child participates throughout the Child's involvement in any and all LifePoint Church activities, unless otherwise revoked in writing.

2. **HEALTH HISTORY.** My Child's Health History is correct, so far as I know. I agree to supplement and update my Child's Health History in the event of any changes.

3. **MEDICAL POWER OF ATTORNEY.** I hereby authorize and empower LifePoint Church, and any adult authorized to act on behalf of LifePoint Church to order or approve medical treatment for my child as fully as I could do if I were on site. LifePoint Church, and its authorized adult representatives, are hereby authorized and empowered to utilize their discretion to submit my child to any form or type of medical procedures, by any licensed health care provider. I hereby grant LIFEPOINT CHURCH, and it's authorized adult representatives the power to make all medical decisions, as to my child, and to authorize and approve all medical decisions and procedures. I understand LifePoint Church will exercise due diligence in making every effort to contact me regarding any medical emergency involving my child.

4. **RELEASE OF MEDICAL INFORMATION.** I authorized the release of any and all of my Child's medical information to appropriate medical personnel and/or any health insurance carrier.

5. **MEDICAL EXPENSES.** I understand and agree that I am responsible for my child's medical insurance. I agree to indemnify, save harmless, and reimburse LifePoint Church for any medical bills or other expenses incurred in connection with the rendering of any medical treatment for my child.

6. **PERSONAL EFFECTS.** I understand that LifePoint Church is not responsible or liable for my child's personal effects and property, and that LifePoint Church will not provide security for, or lock up, any items. I will hold LifePoint Church harmless in the event of theft or loss resulting from any source or cause.

7. **PHOTO RELEASE.** I consent to my Child's appearance in any photographs, videotapes, or any other media, while participating in any LifePoint CHURCH activity, and I consent to LifePoint Church's use or publication of said photographs, videotapes, or other media for any purpose, including publicity, staff training, and or promotion.

8. **RULES.** My child and I agree to abide by whatever rules and regulations are in effect at the time of the activity in which my child participates.

9. **RELEASE AND INDEMNIFICATION.** On behalf of my Child, myself, and our estates, successors, assigns, and heirs, I release, discharge, indemnify, and forever hold harmless LifePoint CHURCH, and all of its officers, directors, members, agents, employees, volunteers, chaperones, member churches, and related persons and entities from any liability, damage, claim, expense, injury, death or other loss of any nature involving or related in any way to myself or my child, even though such liability, loss, damage, claim, expense, injury, or death may have been caused in part or exclusively by any negligence of LifePoint CHURCH or negligence of one or more of its officers, directors, members, agents, employees, volunteers, chaperones, member churches, and related persons and entities. Our indemnity agreement extends to attorney's fees and all litigation costs.

10. **COPIES.** A copy of this agreement shall have the same force and effect as the original.

Participant's Name: _____

Medical Insurance Information: _____

Policy #: _____

Emergency Contact: _____ Phone: _____

Witness my hands and seals this _____ day of _____, 20____.

_____(Seal)
Parent/Guardian

STATE OF MARYLAND
COUNTY (CITY) OF _____

I hereby certify that on the _____ day of _____, 20____, before me, the subscriber, a notary public of the State of Maryland, in and for the _____, personally appeared _____, and made oath [or affirmation] in due form of law that the matters and facts set forth in the foregoing Participation Agreement are true to the best of his/her knowledge, information and belief.

AS WITNESS my hand and notarial seal,

Notary Public _____ My Commission Expires: _____