

LifePoint Church
Student Ministry Special Event Waiver Form

Date of the event: _____

Place of the event: _____

Name of the event: _____

(the "Event")

Name of Student: _____ Age _____

Name of Parents: _____

Address _____

Home Phone: _____

Cell Phone numbers: _____

Emergency Contact(s) other than parent:

Name: _____ Phone # _____

Name: _____ Phone # _____

Necessary Medical Information

Allergies _____

Relevant Medical History _____

Activity Restrictions No Yes If yes, please explain _____

Health Insurance

Note: Our church's medical insurance does not cover this event. If you have medical insurance, your carrier or you will be billed for medical charges in the case of illness or injury while your son or daughter is on a church related activity.

Does your child have health insurance? No Yes

Name of insurance provider _____ policy # _____

Address of insurance provider _____

Medical Release: In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the medical care provider selected by the church leadership to hospitalize, or otherwise secure proper treatment as deemed necessary for my child.

Liability Release: Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. In consideration of LifePoint Church permitting my child to participate in the Event, I, on behalf of myself and my heirs, representatives and assigns, do hereby release, discharge and otherwise hold harmless LifePoint Church and its owners, officers, directors, employees, volunteers, stockholders, agents, insurers, successors and/or assigns (hereinafter collectively referred to as "LifePoint Church"), and forever waive any and all claims in law or equity, demands, suits or liabilities, including claims for personal injury or loss of any kind, based upon or in any way arising out of and/or relating to my child's participation in the Event, whether known or unknown and including any and all damages caused by LifePoint Church's negligence, gross negligence and/or intentional acts.

Parent of Guardian Signature:

_____ Date _____

Print Name: _____