2018-2019

Activity Participation Agreement

Liability Release Form – Release of All Claims

Participant Information (To be completed by participant or authorized guardian)
Name of participant: _____
Date of Birth: _____ Age: _____Grade: _____
Name of parents/guardians: _____
Address:_____
Email Address: _____
Telephone (cell): _____ Telephone (day): _____ Telephone (evening): _____
List allergies or medical conditions: _____
*Special Medications:*_____
*Known Allergies:*_____
Special Needs: _____
*RestrictedActivities:*_____
Medical insurance Carrier _____
Physician's Name _____ Physicians Phone Number _____
Policy or group number _____
Name of emergency contact: _____
Telephone (cell): _____ Telephone (day): _____ Telephone (evening): _____
Date of last tetanus shot _____

My son/daughter, _____, has permission to attend and participate in activities sponsored by Lifepoint Church for the ministry year of **August 25th, 2018 – August 26th, 2019**.

In consideration for the opportunity to participate in authorized ministry activities, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor").

Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

Further, consent is hereby given for Activity Sponsor to use my likeness in photographs / videos to be used in publications by the church, including its website without payment or any other compensation.

Further, consent is hereby given to take participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.
Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

I acknowledge that this information is true and accurate to the best of my knowledge. If medical conditions, needs, and/or restrictions change, I acknowledge my responsibility to notify Lifepoint Church of the changes.

Signature: _____ Date: _____
Signature: _____ Date: _____
Signature: _____ Date: _____
(Participant and/or All parent/guardians if participant is a minor)

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