

LIFEPOINT STUDENTS
ADULT Activity Release Form

4501 Hegcoxe Rd, Plano TX 75024
972-335-3112 www.lifepointplano.org/students

Please print in ink

Name: _____ Age: _____ Birthday: _____
LAST FIRST MIDDLE

Grade: _____ Male Female Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____

Emergency Contact Name: _____ Cell # _____ Work #: _____

Medical Insurance Company: _____ Policy # _____ Group # _____

For your information, we expect each person to conform to these rules of conduct

- No possession or use of alcohol, drugs, tobacco
- No fighting, weapons, fireworks, lighters, explosives
- No offensive or immodest clothing
- Participation with the group is expected
- No sleeping in the opposite sexes' quarters
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

I have read and agree to the rules of conduct and have permission to participate in this student ministry event.

Signature: _____ **Date:** _____

Activities may include, but are not limited to: cookouts, water activities, sports, rock climbing, games, camping, hiking, biking, concerts, Bible studies, I also give LifePoint Church permission to post appropriate photos of your participation at this event on fliers, webpage, video and/or other church related sources. *Note: If you desire to limit your participation in any event, please submit your wishes in writing to the church student pastor prior to that event*

I _____ give my permission to attend _____
NAME EVENT

sponsored by LifePoint Church on/from _____
DATES

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of person named above. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the person named above. I also agree to go home at my own expense should I become ill or if it is deemed necessary by the student ministries staff member. I give my consent to attend events being organized by LifePoint Church. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release LifePoint Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my involvement. Pertaining to COVID-19: LifePoint Church has put in place preventative measures to reduce the spread of COVID-19; however, LifePoint Church cannot guarantee that you will not become infected with COVID-19. Further, attending LifePoint Church could increase your risk of contracting COVID-19. By signing this agreement, I further acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that may be exposed to or infected by COVID-19 by attending LifePoint Church. In the event that I am injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by LifePoint Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

Signature: _____