## LIFEPOINT STUDENTS ADULT Activity Release Form

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

Please print in ink Name:			Age:	Birthday:	
LAST FIRST	T MIDDLE		.90	_ = =	
Grade:	Male O Female	Email:			
Address:		_City:		State:	Zip:
Cell #:		_ Parent Cell	#:		
Emergency Contact Name:		Cell #	<u> </u>	Work #:	
Medical Insurance Company:		Policy #_		Group #	
<ul> <li>For your information, we experience</li> <li>No possession or use of</li> <li>No fighting, weapons, fire</li> <li>No offensive or immodes</li> <li>Participation with the group of the real least of the</li></ul>	alcohol, drugs, toba eworks, lighters, exp st clothing oup is expected	acco olosives	<ul><li>No sleep</li><li>Respect</li><li>Respect</li></ul>	ping in the opp t property t one another, s t and comply w	staff, and adult leaders with event schedules
I have read and agree to the rul  Signature:		•	•		dent ministry event.
Activities may include, but are n hiking, biking, concerts, Bible st			•		
participation at this event on flie your participation in any event,	ers, webpage, video	and/or other	church relate	ed sources. No	te: If you desire to limit
I	give my perr	mission to att	end		
NAME				EVENT	
sponsored by LifePoint Church	on/from				
This consent form gives permis		P I		ATES	
Church and its staff of any liabil ultimately responsible for the cohealth insurance provider. Furth date and will, to the best of my limp own expense should I beconconsent to attend events being any ministry or athletic event, as workers from any and all liability course of my involvement. Pertained the spread of COVID-19 COVID-19. Further, attending Lagreement, I further acknowledgexposed to or infected by COVI attention of a doctor, I consent to In the event treatment is required agree to hold such person free a such consent.	ity against personal est of any medical caner, I affirm that the knowledge, still be in me ill or if it is deem organized by LifePond I hereby release of for any injury, lossianing to COVID-19: however, LifePoint Church courge the contagious not be any reasonable med from a physician and the contagious of the any reasonable of the contagious of the con	losses of per are should the health insura n force for the ed necessary bint Church. I LifePoint Chur , or damage to the Church can ald increase y ature of COV LifePoint Chur hedical treatments.	rson named as cost of that noe information person named by the stude understand the person or purch, its pasted to person or purch has put not guarante our risk of colld-19 and votable. In the even ent as deem al personnel	above. I also ac medical care r ion provided ab ned above. I also ent ministries s that there are in ors, employees property that m in place preve e that you will resolution outracting COVI pluntarily assument that I am injuded necessary I designated by	cknowledge that I will be not be reimbursed by the pove is accurate at this so agree to go home at staff member. I give my inherent risks involved in a gents, and volunteer may occur during the entative measures to not become infected with ID-19. By signing this me the risk that may be jured and requires the by a licensed physician. LifePoint Church, I
Signature:					