

LIFEPOINT STUDENTS
STUDENT 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 #: _____ Parent Cell #: _____

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

Medical Insurance Company: _____ Policy # _____ Group # _____

For your information, we expect each student 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

Students who fail to comply with these expectations may be sent home at their parents' expense.

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

Student's 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 my child's participation at this event on fliers, webpage, video and/or other church related sources. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church student pastor prior to that event*

_____ has my permission to attend _____
NAME OF STUDENT 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 named student. 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 student named above. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by the student ministries staff member. I the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her 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 child's 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 or your child(ren) will not become infected with COVID-19. Further, attending the LifePoint Church could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I further acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending LifePoint Church. In the event that he/she is 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.

Parent/guardian signature: _____