



**2019-2020 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: _____
 Address: _____ Age: _____ Grade: _____
 Names of parents/guardians: _____
 Email Address of parent/guardian: _____
 Phone (cell): _____ Phone (day): _____ Phone (evening): _____
 List allergies or medical conditions: _____
 Special Medications: _____
 Known Allergies: _____
 Special Needs: _____
 Restricted Activities: _____
 Medical insurance Carrier: _____
 Policy / group number: _____ Last tetanus shot date: _____
 Physician Name: _____ Physician Phone: _____
 Emergency contact: _____
 Phone (cell): _____ Phone (day): _____ Phone (evening): _____

My son/daughter, _____, has permission to attend and participate in activities sponsored by LifePoint Church for the ministry year of **August 26th, 2019 – August 21th, 2020**.

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.

Participant Signature: _____ Date: _____
 Parent / Guardian Signature: _____ Date: _____
 Parent / Guardian Signature: _____ Date: _____

If participant is a minor, signatures of all parent/guardians are required.