

LifePoint Church
Emergency Release / Consent Form

Personal Information-

First Name: _____ Middle: _____ Last: _____

Gender: _____ Age: _____ Birthday: _____ Student Phone: _____

Grade: _____ Graduation Year: _____ School: _____

T-Shirt Size: XS: ___ S: ___ M: ___ L: ___ XL: ___ 2XL: ___ 3XL: ___

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian: _____

Primary Phone #: _____ Secondary Phone #: _____

Emergency Contact –other than above: _____

Phone: _____ Relationship: _____

Medical Information-

Allergies: _____

Medications: _____

Physical Limitation: _____

Medical Insurance Company: _____

Member's Name: _____ Policy #: _____

Family Doctor: _____ Phone: _____

Other Information: _____

Date of Last Tetanus Booster: _____

Release Consent

I hereby grant permission to LifePoint Church to photograph and/or digitally record my child during activities to use the images in LifePoint Church's audio/visual and printed material without compensation or approval rights. I hereby release LifePoint Church, its staff and volunteers, from responsibility and liability for any injury or illness that my child may sustain during COLLIDE WEEKEND 2018 with LifePoint Church; on January 12th - January 14th, 2018. Also, I understand this includes all related activities to the said event, including Allitude Trampoline Park, but not limited to transportation and permission to extracurricular activities. In the event of an emergency, I hereby grant permission to LifePoint Church to take the necessary steps to secure proper treatment, as the physician may deem appropriate, in the case my child needs medical treatment, including emergency surgery. I further understand that I will be responsible for any or all medical bills.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian