## LIFEPOINT STUDENTS STUDENT Activity Release Form

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

	print in ink			Age: Birthday:
ramo.	LAST	FIRST	MIDDLE	, tgo
Grade	i	_ O Male O F	emale Email:	
Addres	ss:		City:	State: Zip:
Cell #:			Parent Cell	#:
Emergency Contact Name:			Cell #	Work #:
Medical Insurance Company:			Policy #_	Group #
	No possession No fighting, wea No offensive or Participation wi	or use of alcohol, dru apons, fireworks, ligh immodest clothing th the group is expec	gs, tobacco ters, explosives ted	<ul> <li>these rules of conduct</li> <li>No sleeping in the opposite sexes' quarters</li> <li>Respect property</li> <li>Respect one another, staff, and adult leaders</li> <li>Respect and comply with event schedules</li> </ul> sent home at their parents' expense.
				ave permission to participate in this student ministry
event. Student's signature:				Date:
particip	pation at this eve	ent on fliers, webpage any e <i>vent, please sul</i>	e, video and/or other on Somit your wishes in w	ission to post appropriate photos of my child's church related sources. Note: If you desire to limit your riting to the church student pastor prior to that event d
	NAME OF STUD	ENT		EVENT
sponso	ored b <i>y <u>Life</u></i> Poin	t Church on/from		
and its respondinsural to the legal coorganishereby injury, COVIE LifePothe Life agreer and I require physic	staff of any liab asible for the cosmoce provider. Further stopped of the stopped	illity against personal of of any medical care of any medical care of ther, I affirm that the dedge, still be in force decome ill or if deemendent named above, a Church. I understand the Church, its pastors to person or propertical that you could increase your riscknowledge the contact to or infected by COV of a doctor, I consent treatment is required.	losses of named students should the cost of the health insurance information for the student named necessary by the standard and have given that there are inhered, employees, agents, by that may occur during the preventative measure or your child(ren) wilk and your child(ren) gious nature of COVI/ID-19 by attending Letto any reasonable measure of a physician and from a physician and	DATES ention is deemed necessary, and releases the Church lent. I also acknowledge that I will be ultimately at medical care not be reimbursed by the health ormation provided above is accurate at this date and will, ed above. I also agree to bring my child home at my own tudent ministries staff member. I the undersigned have en our consent for him/her to attend events being ent risks involved in any ministry or athletic event, and I and volunteer workers from any and all liability for any ng the course of my child's involvementPertaining to ures to reduce the spread of COVID-19; however, I not become infected with COVID-19. Further, attending is risk of contracting COVID-19. By signing this D-19 and voluntarily assume the risk that my child(ren) difePoint Church. In the event that he/she is injured and edical treatment as deemed necessary by a licensed d/or hospital personnel designated by LifePoint Church, I ands, or suits for damages arising from the giving of such
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