



CenterPoint Youth Ministries

Activities Permission Form/Release of All Claims

Event/Activity

Print Name of Child

Additional Child(ren)

Print Name(s) of Parent(s) or Guardian(s)

Street Address

City, State, Zip Code

Telephone Number (that you can be reached at during event)

Alternate Emergency Number

Restrictions or Allergy/Medical/Physical/Psychological or Social Concerns

Continued

I, the parent or legal guardian of the above listed child(ren) have reviewed the activity listed above and trip detail as provided by CenterPoint Youth Ministries, and understand the inherent risks involved, and give permission for my child(ren) to participate fully in the above listed activity with CenterPoint Church Youth Ministries.

In consideration of permitting my child(ren) to attend the activity listed above, I hereby release, and forever hold harmless CenterPoint Church, its ministries, its representatives, employees, directors and volunteers from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the child(ren) and participant(s) that occur while the child(ren) is/are participating in, and during transport to or from the listed activity.

I further confirm that I have disclosed to CenterPoint Church all of my child(ren)'s restrictions, allergies, medical information, physical restrictions, psychological concerns/issues, and social concerns.

Furthermore, I on behalf of my child(ren) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

In consideration of permitting my child(ren) to attend the activity listed above, I hereby give permission for the director or his or her designated representative to take my child(ren) to the hospital or a doctor and hereby authorize medical treatment by medical professionals, including but not limited to emergency surgery or medical treatment, and I promise to assume the responsibility for the payment of all medical bills, if any.

Further, by signing, I declare that I am aware that neither staff nor volunteers or representatives of CenterPoint Church will be allowed to give out any aspirin or non-aspirin medications.

Further, should it be necessary for the child participant(s) to return home due to medical reasons, **disciplinary** actions or otherwise, I hereby assume all transportation costs.

I hereby affirm that I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of Parent(s)/Legal Guardian(s)

Date