

Turning Point Community Church Permission/Media/Medical Waiver Student Participants

Name of Child (please print) _____

Parent(s) and/or legal guardian(s) of child participant _____

Address _____

Parent's Cell & Name (_____) _____ Parent's Cell & Name (_____) _____

Student's Cell (_____) _____ Birth Date _____ Academic Grade _____

School _____ Parent Email _____

Student Email _____ Parent Email _____

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of TURNING POINT COMMUNITY CHURCH is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release TURNING POINT COMMUNITY CHURCH and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall exclude any gross claims of negligence. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against TURNING POINT COMMUNITY CHURCH or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless TURNING POINT COMMUNITY CHURCH and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of TURNING POINT COMMUNITY CHURCH to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Special Events and Field Trips

I understand that the child named above may be participating in local service projects and fellowship events during church youth events. I understand that during this period my child/ward may take part in activities such as: minor yard work, cleaning, painting, and other activities consistent with the purposes of the church.

Informational Notes

All drivers during youth ministry-related events must be 21 years of age with a good driving record. All drivers of the church van must be 25 years of age and must meet the stringent requirements of our insurance company, including a Department of Motor Vehicles background check. While we understand that older youth may drive themselves to and from events, we will not give any youth permission to ride home with any other youth; this must come from the parents themselves.

Health Insurance Information

Insurance Company _____ Policy Number _____

Medical Doctor _____ Phone Number _____

Emergency Contacts

Names and Telephone Numbers to call in case of emergency:

Name _____ Relation _____

Cell Phone _____ Work/Home Phone _____

Name _____ Relation _____

Cell Phone _____ Work/Home Phone _____

Medical History

Special Medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

Other Information

Any other information Leaders should know about participant

Authorization for Media Release

TURNING POINT COMMUNITY CHURCH may post a photograph and/or video of my child on the church’s website or use a photograph of my child in their publications.

I ask that TURNING POINT COMMUNITY CHURCH not post photographs and/or videos of my child on the church’s website or use a photograph of my child in their publications

For use Only if Participant is a Minor

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of TURNING POINT COMMUNITY CHURCH, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of TURNING POINT COMMUNITY CHURCH, I hereby consent to the permission/waiver form, including the Release of Liability above, on behalf of the child, and agree that this permission/waiver form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian _____ Date _____

Print Name of Parent or Legal Guardian _____