

# GracePointe Church Annual Permission and Medical Release Form

Students Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Students Phone Number: \_\_\_\_\_ Parents Phone Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

Emergency Contact (Other than Primary Parent/Guardian): \_\_\_\_\_

Name and phone number of secondary emergency contact: \_\_\_\_\_

**I give permission for my child to attend and participate in any event or function taking place between 1/1/2018 and 12/31/2018 that is sponsored and endorsed by GracePointe Church, 10750 SE 42<sup>nd</sup> Ave, Milwaukie, OR 97222.** This includes permission to participate in youth group activities and outings, release of all claims arising from such activities and outings, and authorization for any necessary medical or dental treatment. I hereby release and agree to hold harmless GracePointe Church together with its agents and employees from all actions, causes, damages, claims, or demands which I, my heirs, executors, administrators or assigns may have against GracePointe Church for any and all personal injuries, loss, or damage, known or unknown, which my child may incur by participating in the above activities or outings.

I, the undersigned, have read this release and understand its terms. I execute it voluntarily and with knowledge of its significance. The undersigned further agree to assume full financial responsibility for any and all charges incurred, specifically including ambulance, physician, hospital, and medication expenses. In the event of injury to the participant, I understand that the participant's own medical insurance is primary and any GracePointe Church medical coverage may be secondary.

**I further agree to notify GracePointe Church immediately of any changes in any of the information on this form.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

Existing medical conditions and/or physical restrictions: \_\_\_\_\_

Allergies and/or Medications: \_\_\_\_\_

Briefly describe swimming ability: \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

Name and phone number of physician: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

## Photo/Video Release

I understand that the activities and events sponsored by GracePointe Church are considered public and may be photographed or recorded, and that these photos or videos may be presented in various church-sponsored media, including but not limited to: photos, videos, slide presentations, PowerPoint presentations, newsletters, bulletins and/or bulletin inserts, brochures, handbooks, programs, and Internet Web pages. I hereby remise, release and forever discharge GracePointe Church from any liability for any injury or action against the above-named minor resulting from the use of such photos, video, or other image in any medium utilized. This release includes that GracePointe Church will not be responsible for other user's production, display, distribution, or modification of the minor's images in any manner, nor will GracePointe Church be responsible for defamation, misrepresentation, or criminal acts as a result of unauthorized use of GracePointe Church images by third parties.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date