

**LIFEPOINT CHRISTIAN CHURCH**

5000 McGinnis Ferry Rd.

Alpharetta, GA 30005

678-366-2797

**RELEASE OF LIABILITY  
AND  
MEDICAL INSTRUCTIONS**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Church Membership: \_\_\_\_\_

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

City; State; Zip: \_\_\_\_\_

Parent/ Legal Guardian: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

If there are medical limitations which would affect or limit your child's participation in any activity or of which medical personnel should be made aware, please indicate below. In absence of such notice, it will be assumed that your child is physically fit and mentally capable or participation in all activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**As lawful consideration for being permitted by Lifepoint Christian Church to participate in church related activities, THE UNDERSIGNED, for himself, his personal representatives, heirs and next of kin, acknowledges, agrees, and represents that Lifepoint Christian Church, its sponsored, affiliated organizations, staff employees or any authorized agent (the "releasee") shall be held harmless from any suit, loss, action, damages, claims, or demands therefore, at law or arising out of any injury, accident or illness of the Undersigned or his/her property while the Undersigned is participating in any activity with the releases. If the child is a minor, this covenant is applicable to him/her and the parent/legal guardian.**

**Parent or Legal Guardian Signature:** \_\_\_\_\_

**RELEASE OF LIABILITY  
AND  
MEDICAL INSTRUCTIONS**

The Undersigned agrees to hold harmless the releasees and each of them from any loss, liability damage, or cost due to the presence of participations by the Undersigned in any such activity of the releasees.

*I (we) understand that in the event of an emergency where medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to release my child to the service of a licensed physician to provide care, including anesthesia, for my child's well-being*

THE UNDRSIGNED HAS CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTANDS ITS CONTENTS. THE UNDERSIGNED IS AWARE THAT HIS RELEASE OF LIABILITY AND MEDICAL INSTRUCTIONS IS A CONTRACT BETWEEN ME AND THE RELEASEES AND I HAVE SIGNED IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Print Name of PARENT/GUARDIAN

\_\_\_\_\_  
Signature of PARENT/GUARDIAN (Date)

\_\_\_\_\_  
Print Name of WITNESS

\_\_\_\_\_  
Signature of WITNESS (Date)

Name Of Insurance Company: \_\_\_\_\_

Contact/Group Number/ ID Number: \_\_\_\_\_

List any medical allergies, medications, medical problems, or other pertinent information that would be needed in an emergency or helpful to the staff:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Jonathon Mummert  
Youth Minister  
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