

# MEDICAL RELEASE FORM

The following high school activities, operated by North Point Ministries, Inc. (the “Church”), under the supervision of the staff and volunteers of North Point Community Church, Buckhead Church, and/or Browns Bridge Community Church, require the completion and acceptance of a medical release prior to participation.

**Vertical Reality** – During the fall of each year, students take a trip to the North Georgia mountains to focus on spiritual priorities while enjoying all that a mountain camp setting has to offer including ropes courses, competitive games, and interactive water elements. Small groups stay in cabins together.

**myLIFE Weekend** – During this spring event, students will spend the weekend together as a small group in an Atlanta-area home. They will attend high-energy large group times, in-home small group Bible Study, and various free time activities. Small groups will be transported between host homes and the church via small group leader vehicles and host home vehicles.

**the walk** - The summer camp trip to Panama City Beach, FL consists of a mixture of free time on the beach, competitive games, praise and worship, a challenging speaker and small group discussions. Small groups stay together in condos.

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Student’s Name**

**High School Event: Vertical Reality 2010, myLIFE 2011, and the walk 2011**

I, \_\_\_\_\_, for the student indicated above, apply to North Point Ministries to participate in the activity described and indicated above (“Activity”). I acknowledge and agree to, and represent, the following for myself and the student, in consideration of the opportunity to be provided by the Church (contingent upon its agreement to my child’s and/or my participation).

**Acknowledgment of Risks.** I acknowledge that participating in the Activity involves risks of serious damage and harm to persons and property, and even death, and I assume those risks, including risks arising from acts or failures to act of the Church.

**Information Relied on by Church.** I am the parent or legal guardian for the student for whom this document is signed. The student is in good health and sound mind. If necessary, I have discussed or will discuss with my physician the student’s participation in the Activity, and the student has received or will receive any vaccination or other recommend prerequisite medical treatment my physician deems necessary. The student will participate in the Activity only if I have received my physician’s approval, if I deem it necessary, and believe that the student is able to participate without harm. I acknowledge that the Church will not assess or approve the student’s fitness for participation. I am under no force or duress of any kind to compel the student’s participation in the Activity or my signing of this document.

**Release.** THIS DOCUMENT IS INTENDED TO ABSOLVE THE CHURCH OF ANY LIABILITY TO ME OR THE STUDENT THAT IS RELATED TO THE STUDENT’S PARTICIPATION IN THE ACTIVITY. Accordingly, I hereby release the Church from, waive, and will never sue the Church for, any damage (whether damage to or loss of property, finances, life, body, mind, or emotions), cost, suit, Medical Release Form

demand, claim, or other liability, that arises or is alleged to arise from or in connection with the student's participation in the Activity. Such liability includes any liability that arises or is alleged to arise from the Church's negligence (but not its willful and wanton misconduct). Such liability also includes any liability that arises or is alleged to arise from claims for contribution by another that the student or I have sued or from whom the student or I have received compensation.

**Medical Permission.** I give my permission for the student to be treated for illness or injury sustained while participating in the Activity, including by the administration of emergency anesthesia or surgery; and authorize the adult leaders of the Activity to act on my behalf in ordering such treatment.

**Definitions.** (a) References to "me," "my," and "I" shall include and bind the student, my spouse, any parent of the student for whom this document is signed, any guardian or other person with responsibility for the care and supervision of such student, and any insurer, heir, estate, legal representative, executor, administrator, successor, or assign of me or such student. (b) "Participation" or "participating" in the activity includes planning and preparing for, traveling to, and traveling from, as well as participating in, the Activity. (c) The "Church" includes (i) its affiliates, and institutions cooperating in the Activity; (ii) the trustees, elders, deacons, officers, employees, volunteers, and agents of the Church or such affiliate or institution; and (iii) the spouses, insurers, heirs, estates, legal representatives, executors, administrators, successors, estates, and assigns of any of the foregoing.

<b>PARENT/GUARDIAN</b>	
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Signature _____	Date _____
Phone: _____	Cell: _____

**Brief Medical History**

In the event of an emergency, the most accurate and updated information will be extremely helpful for us in providing the best care for your student.

**List all Medical Conditions and any current Medication regimens:**

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**List all known Allergies:**

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**Alternate Emergency Contact (other than Signer of this Release)**

**Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

# INSURANCE INFORMATION

Student's Full Name: \_\_\_\_\_

Student's Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Names: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, Zip \_\_\_\_\_

## Insurance Information

Insurance Carrier: \_\_\_\_\_

Policy Number/Group Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Prescription Coverage (if applicable)

Insurance Carrier: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy Number/Group Number: \_\_\_\_\_

*(if different from above)* Policy Holder's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*PLEASE ATTACH A COPY OF THE FRONT  
AND BACK OF ALL APPLICABLE INSURANCE CARDS\*\*\*

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_