



The Point Church  
EVENT & MEDICAL RELEASE

155 Hansen Rd Charlottesville, VA 22911  
Office: (434) 989-6961 | www.thepointva.com

Parent/Guardian Name: \_\_\_\_\_

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

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

Cell Phone#: \_\_\_\_\_ Alternate Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Emergency Contact: (Emergency contact will be notified in the event the parent/guardian cannot be reached.)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

**Please list the children in your household who have your permission to attend activities associated with The Point Church and its affiliates.**

**Child's Full Name:** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Son  Daughter  Other Relation: \_\_\_\_\_

List any allergies to medicine or food, medical conditions, etc. \_\_\_\_\_

\_\_\_\_\_

**Child's Full Name:** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Son  Daughter  Other Relation: \_\_\_\_\_

List any allergies to medicine or food, medical conditions, etc. \_\_\_\_\_

\_\_\_\_\_

**Child's Full Name:** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Son  Daughter  Other Relation: \_\_\_\_\_

List any allergies to medicine or food, medical conditions, etc. \_\_\_\_\_

\_\_\_\_\_

**Child's Full Name:** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Son  Daughter  Other Relation: \_\_\_\_\_

List any allergies to medicine or food, medical conditions, etc. \_\_\_\_\_

\_\_\_\_\_

The undersigned do(es) hereby give permission for our (my) children listed above to (“Participant”), to attend and participate in Student Life Events sponsored by The Point Church in 2024.

**PHOTO PERMISSION:** I understand that my child may be photographed while participating in the activities of The Point Church. I understand that a recognizable and/or non-recognizable image, such as a group picture, may be posted on social media or used in promotional material.

**LIABILITY RELEASE:** In consideration of The Point Church allowing the Participant to participate in student ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless The Point Church, its directors, employees, volunteers and agents (collectively herein the “Church”) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant hereby grant our (my) permission for the Participant to participate fully in student ministry activities, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

**MEDICAL TREATMENT PERMISSION:** We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

**EARLY RETURN HOME POLICY:** Should it be necessary for our (my) child or student to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

**TRANSPORTATION PERMISSION:** The undersigned does also hereby give permission for our (my) student to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by The Point Church. My child/student and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PRINTED NAME OF PARENT/GUARDIAN**

**INSURENCE INFORMATION:**

**Medical Insurance Company:** \_\_\_\_\_

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

**Medical Insurance Phone Number:** \_\_\_\_\_