

RockPointe Church Student Ministry Parent Permission Form:

IMPACT Weekend February 16-18, 2018

I, _____ (parent/guardian), hereby give permission for my child,
_____, to attend the **IMPACT Weekend February 16-18, 2018.**

Parent(s)/Guardian Signature

X _____ Date _____

Rules of Conduct & Expectations of each Student:

- Respect peers, staff, and leaders
- . No alcohol, drugs, tobacco permitted
- . No lighters permitted
- . No fighting or weapons
- . No fireworks, explosives
- . Respect all property
- . No offensive or immodest clothing
- . No boys in girl's sleeping area & visa versa
- . Participation with the group is expected
- . Respect and comply with event schedules

(Failure to comply with these expectations could result in being sent home at your expense.)

2018 RockPointe Student Ministry Waiver & Release From Liability

I (We) acknowledge that my child's participation in the RockPointe Church youth program is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings.

I (We) acknowledge that my child's participation in any RockPointe Church youth activity presents risks that my child may suffer property damage, bodily injury, or death.

Therefore, in consideration of my child's being allowed to participate in the RockPointe Church youth program activities, I (We) agree to the following:

RockPointe Church is not responsible for the loss or theft of personal belongings. Misconduct may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

I understand and authorize that my child's image may be photographed or filmed and used in video presentations, printed publications and the annual photo directory with their address of RockPointe Church including the internet website.

I hereby take the following action for my child, executors, my administrators, heir, next

of kin, successors, assigns and myself:

- A) I waive, release, and discharge from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in RockPointe Church's Youth activities, the following person, or entities: RockPointe Church, it's Senior Pastor and Associate Pastors, Elders, employees, volunteers, representatives, subcontractors and agents of any of the above
- B) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of RockPointe Church, RockPointe Church staff or volunteers and
- C) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. I hereby assume the risks of my child participating in all RockPointe Church youth activities.

The undersigned _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (minor's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or healthcare facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to RockPointe Church representative to provide the needed emergency treatment to the student prior to his admission to a medical facility.

I hereby agree to the all the above RockPointe Church Student Ministry Waiver and Release Form Liability conditions.

Child's Full Name (Print): _____

Parent Name (Print): _____

Phone Number: _____

Parent(s)/Guardian Signature

X _____ Date _____