

Marcus Pointe Baptist Student Medical Release Form

The following youth activities, operated by Marcus Pointe Baptist Church, under the supervision of the staff and volunteers of Marcus Pointe Baptist Church, require the completion and acceptance of a medical release prior to participation.

Sunday School -

Every Sunday at 9:30am our teens meet with caring leaders who want to invest in their lives and pour out the love of Christ in them. This means that, from time to time, our leaders will have fellowships outside the church in order to create a closer bond with their group. These meetings can happen on Sundays or other days of the week and may include various missions opportunities.

Wednesday Nights -

Every Wednesday night at 6:30pm our teens meet together for a time of worship and challenge. This environment normally meets on site at MPBC, but there will be times that students will be asked to go out on visitation with their small groups or nights when we meet at an off-site location. Transportation is normally provided by the church for such exceptions.

ReMastered Weekend -

In February or March of every year we host a 3-day retreat at Marcus Pointe for our teens at the church and homes of various leaders in our church. During this week our responsible parents and adults will be driving your teens to and from the ministry areas. Teens will also take part in various fun activities (scavenger hunts, messy games, etc) and in mission works around the community. The weekend will end after the 11am service that weekend.

Summer Camp -

During the months of June and July our middle school and high school will go to two different areas for a week of spiritual retreat and growth like nothing else on earth. While the locations of these camps may change, one thing is for sure...every year we will have life-changing summer camp options for your teens.

Student's Name

Date

I, _____, for the student indicated above, apply to Marcus Pointe Baptist Church, 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).

Acknowledgement of Risks: I acknowledge that participating in the Activity involves risks of serious damage and harm to persons or property, and even death, and I assume those risks, including risks arising from acts or failures to act on the part 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 necessary, and believe that the student is able to participate without harm. I acknowledge that the Church will not access 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, and damage (whether damage to or loss of property, finances, life, body, mind, or emotions), cost, suit, demand, claim, or other liability, that arises or is alleged to rise 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 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. (b) "Participation" or "participating" in the activity includes planning and preparing for, traveling to, 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.

Parent/Guardian

Signature _____

Date _____

Phone: _____ Cell: _____

Applicant Accepted for Participation

Signature _____

Date _____

Title: _____

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:

List all known Allergies:

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, State, Zip _____

Insurance Information

Insurance Carrier: _____

Policy Number/ Group Number: _____

Policy Holder's Name: _____

Prescription Coverage (if applicable)

Insurance Carrier: _____ Phone Number: _____

Policy Number/ Group Number: _____

(If different from above) Policy Holder's Name: _____

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

***** THIS FORM MUST BE NOTARIZED *****

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Notary Signature: _____ Date: _____