

LPK ACTIVITY CONSENT FORM

Name of child: _____

Name of parent(s) or guardian(s): _____

Address: _____

Home telephone: _____ Work telephone: _____

Other emergency contact (name and number): _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to my child's participation in the following activity conducted by Life Point Baptist Church (the "Church"). I certify that my child is physically fit and adequately prepared to participate in this activity.

Waiver and Release of Liability

In consideration of my child's participation in the activity, I hereby release, waive, and forever discharge the Church from all claims, demands, damages, costs, expenses, actions, and causes of actions, whether in law or equity, in respect of my child's participation. I further undertake to hold and save harmless and agree to indemnify the Church for and against any and all liability incurred arising as a result of or in any way connected to my child's participation in the activity. This agreement shall be exclusively governed by, and construed in accordance with, the laws of the Commonwealth of Pennsylvania and federal laws of the United States applicable therein.

Assumption of Risk

I am fully aware of the risks connected with my child's participation in the activity, and I voluntarily elect for my child to participate in the activity knowing that this participation involves these risks. In consideration for my child's participation in the activity, I voluntarily agree to assume full responsibility for any risks of loss or personal injury that may be sustained by my child or any loss or damage to my child's property as a result of my participation in the activity.

I further acknowledge and agree to release, waive, hold harmless, and discharge the Church from any and all liability, claims, actions, demands, expenses, attorneys' fees, breach of contract actions, breach of statutory duty, or other duty of care, that I might have or may acquire in the future, arising out of or related to any loss, damage, or injury that may be sustained by my child, or to any property belonging to my child, while participating in the activity, including, but not limited to, any claim that the act or omission complained of was caused in whole or in part by the negligence or carelessness of the Church.

Medical Information

Is your child currently being treated for an injury or sickness?

Yes _____ No _____ If yes, please explain: _____

Is your child currently on any medication?

Yes _____ No _____ If yes, please list the medication, what it is used to treat, and the frequency that the medication should be taken: _____

Does your child have a physical handicap or illness that would prevent them from participating in normal rigorous activity? Yes _____ No _____ If yes, please explain: _____

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and providing of necessary medical services in the event that my child is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my child, if required by law or a health care provider _____, _____, or another adult chaperone designated by the pastor. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.

I understand that Life Point Baptist Church will not be responsible for medical expenses incurred solely on the basis of this authorization. I also understand that the designated adult chaperones reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

This agreement must be signed, dated, and returned prior to the start of the activity.

I ACKNOWLEDGE THAT I READ THIS CONSENT FORM, FULLY UNDERSTOOD ITS TERMS, AND SIGNED FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of Parent or Guardian

Date