

**BRIDGEPOINT BIBLE CHURCH**  
**ANNUAL LIABILITY, MEDICAL & PERMISSION FORM**

For Middle School & High School Students  
This form covers all high school and middle school events for  
**June 1, 2019 – May 31, 2020**

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**INSTRUCTIONS:**

- Please print all answers legibly
- Do not leave any blanks
- If the answer is none, then write "none" in the space provided
- Incomplete Forms will be returned

**GENERAL INFORMATION**

Student Name \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Student Email \_\_\_\_\_ Parent or Guardian Email \_\_\_\_\_

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**MEDICAL INFORMATION**

Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

Insured's Name \_\_\_\_\_ Insurance Co. Phone No. \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Other Medical Information \_\_\_\_\_

Any Activity Restrictions? \_\_\_\_\_

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**Please Carefully Read and Sign the Other Side**

**LIABILITY AND MEDICAL WAIVER**

I am the parent and/or legal guardian of \_\_\_\_\_ and hereby acknowledge that he/she is under my care, custody, and control. I recognize that student ministry events at BridgePoint Bible Church are voluntary and that my student will be involved activities that involve varying degrees of risk and that the occurrence of injury is possible. These activities may include, but are not limited to: physical activities, both indoors and outdoors; sports, both informal and organized; use of recreational equipment; activities around water, including swimming and boating; hiking; and camping.

I acknowledge and understand that the Church may offer other activities not listed above that present similar risks or dangers to my child. In acknowledging these risks, I hereby agree to freely and expressly assume and accept any and all risks to my student while participating in student ministry activities.

I also understand that church activities of which my child might be a part may include transportation by church owned or non-church owned vehicles. I understand that such transportation could include, but not be limited to, taking my child from church property to the planned activity or event, returning my child to church property or any other designated location, stopping for gas, food, or drink, restroom breaks or for other reasons, as well as changes in planned routes due to unforeseen traffic conditions or emergencies. I realize that in transporting my child, there is some risk of harm that could result in injury, either minor and temporary or serious, permanent and/or disabling, or even death.

In order to help with the safety of my child, I have instructed him/her to follow all instructions and supervision of the church leaders, activity sponsors, or other parents on the trip.

In consideration of the benefits derived from my and/or my student's participation in student ministry activities organized by BridgePoint Bible Church, I do hereby voluntarily release, acquit, discharge and indemnify BridgePoint Bible Church, the organizers, all host persons providing use or access of their homes or property for church events during the dates covered by this form, and BridgePoint elders, pastors, members, employees, representatives and agents, and attending physicians (herein called "Released Parties") from all manner of suits, actions, claims, demands, and liabilities relating to such participation. **I ACKNOWLEDGE THAT THIS RELEASE AND INDEMNITY INCLUDES NEGLIGENCE OF THE RELEASED PARTIES.**

In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my student as deemed necessary and proper under the circumstances. Further, I agree to pay all costs associated with such medical care and related transportation provided for my student, and shall indemnify and hold harmless the Released Parties of and from any incurred costs.

I also authorize BridgePoint Bible Church to use and publish photos of my student, or photos in which my student is included, in any church publication, including its website. For privacy, I understand that my student's name will not be used in any connection with images on the church website. In authorizing such use, I release and indemnify the Released Parties from all claims and liability relating to said photos.

**ANNUAL PERMISSION & RELEASE**

I understand that this document applies to all student ministry activities of BridgePoint Bible Church for the period commencing on June 1, 2018 and ending on May 31, 2019, and that in voluntarily agreeing to the terms hereof, I am also granting permission for my child to be involved in all such activities. If at any time, I do not desire my student to be involved in a specific event, I will provide written notification that my student is not permitted to be present.

In providing permission, I assume any financial responsibility for any damage my student may cause during an event, and for providing transportation home should it become necessary for disciplinary reasons. Furthermore, I give permission to the BridgePoint Bible Church staff and its representatives to search my student's personal belongings, including but not limited to all luggage, purses, and backpacks, if deemed necessary on rare occasion for security and/or safety reasons.

I also understand that this ANNUAL LIABILITY, MEDICAL & PERMISSION FORM has been made available via electronic means. By signing this document, I am also stating that this form is the exact same in wording, meaning and intention as the original form issued by BridgePoint Bible Church, and has not been altered in any way. I also understand that any copies of this form which BridgePoint makes for recordkeeping purposes are equally valid. Further, I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I have fully informed myself of the contents of this ANNUAL LIABILITY, MEDICAL & PERMISSION FORM by reading it before I signed it. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness\*

\_\_\_\_\_  
Date

\*Please have a friend or family member sign this document attesting to that fact that it was really you who signed it.

Last Revised: June 11, 2011