

Release Form

Crosspoint Church

2101 South Stonebridge Drive - McKinney - TX 75070 - 972-562-2200

Both sides of this form must be completed on all persons under 18 years of age. This waiver will cover events from January 1, 2017 - December 31, 2017. Other waivers may need to be signed from participating organizations per event.

Student's Name _____ Age _____ Gender _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Primary Email _____

School Attending _____ Grade _____ T-Shirt Size _____

Father's Name _____ Cell Phone _____

Mother's Name _____ Cell Phone _____

Emergency Contact Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

The undersigned, as parent or guardian of the person listed below, hereby authorizes any staff member and/or adult sponsor who may be supervising or directing any activity sponsored by Crosspoint Church, to authorize emergency medical treatment for the person listed above while this person is participating in any trip, excursion or activity sponsored by Crosspoint Church.

I agree to allow any staff member, sponsor, or other designated party selected by Crosspoint Church to transport my child by means of church-owned, contracted (rented), or personal vehicle. Furthermore, I release Crosspoint Church, its staff and sponsors from any liability for personal injury, damage or loss that the above named person may sustain while participating in, or being transported to, any activity sponsored by Crosspoint Church, even if such personal injury or other loss is caused by the ordinary negligence of Crosspoint Church, staff members or designated sponsors.

I agree to allow the staff and sponsors selected by Crosspoint Church to discipline my child during any activities if, in the sole judgment of such staff sponsor or other designated sponsor, such discipline is necessary. If any staff sponsor or other designated sponsor deems it necessary for my child to return from any trip due to illness, injury, or misconduct, I agree to be responsible for all costs associated with such a return trip.

Parent/Guardian(s) Name(s) _____

Signature of Parent/Guardian _____ Date _____

Insurance Information

This information will be requested by the physician and medical facility in the event of an emergency. Please help us by making sure you give complete and correct information. This Medical/Release Form is valid for one year to date of Parent/Guardian signature and is valid for all Crosspoint Church sponsored activities. If any of the information you have provided should change before this date, please complete a new form and return it to the church office.

Parent/Guardian _____

Social Security Number of Insurance Policy Holder _____

Policy carried under what name _____

Parent/Guardian Occupation _____

Employer Name _____

Employer Address _____ City State Zip _____

Insurance Company Name & Address _____

- City State & Zip _____

- Insurance Company Phone _____

Member/Policy Number _____ Group Number _____

Explain any medical problems _____

List any medication being taken and what is being taken for:

List any medication that would cause an allergic reaction:

List any known allergies _____

_____ Date of last tetanus shot _____

Media Release

I agree to allow Crosspoint Church to use photographs and video recordings of students for promotional and other purposes. Distribution of footage may be through pictures/videos posted on the internet, in print or on other forms of publication. Initial one of the following:

I DO GIVE PERMISSION to use footage of my student (Parent/Guardian initial) _____.

I DO NOT GIVE PERMISSION to use footage of my student (Parent/Guardian initial) _____.

NOTE: If no initials are present, permission not granted.