

# Medical Release Form

I , the parent of (“my child”), give permission

for my child to attend the ***\_\_\_\_True North VBS 2025\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

I understand that personal injury can and may occur to my child, and I hereby authorize Pastor Andrea Holt or another appointed youth advisor, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release ***LakePoint Community Church***, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in this event.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of ***LakePoint Community Church***, properties visited on outing, other’s personal property, or vehicles used for transportation.

I agree and consent to all of the above stated.

(Parent Signature) (Date)

(Emergency Contact Name and Phone Number)

# Please indicate which applies to your child:

 I do give permission for my child to be photographed and video recorded for our Facebook page and church presentation.

 I do not give permission for my child to be photographed and video recorded for our Facebook page and church presentation.