

Parent Permission - Release Form  
GRACE POINT COMMUNITY CHURCH  
11075 SW Gaarde St., Tigard, OR 97224  
(503) 639-3913 voice / (503)684-1955 fax



STUDENTS NAME \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT EMAIL \_\_\_\_\_

STUDENT EMAIL \_\_\_\_\_

In case of injury or need of assistance, the best available emergency contact person is:

NAME \_\_\_\_\_

PHONE \_\_\_\_\_ RELATION TO STUDENT \_\_\_\_\_

MEDICAL INSURANCE NAME \_\_\_\_\_ POLICY # \_\_\_\_\_

KNOWN MEDICAL CONDITION(S) \_\_\_\_\_

MEDICATION? \_\_\_\_\_ ALLERGIES? \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT:** We the undersigned parent/guardians of the above name participant, grant permission for the participant to participate in all Grace Point sponsored youth events.

We, as parents or guardians, have been advised of the nature and extent of the activities that may take place and represent to you that the participant is physically and mentally able to participate in those activities.

We, as parents or guardians, understand that this activity, as in any activity for youth, does present the risk of injury, or even death, to the participant, rare as they may be, and we have advised the participant of those possibilities. We represent to you that we and the participant assume the risk of any such injury or death, and hold you, your agents, employees, and representatives harmless from any liability to any other person or entity arising as a result of the conduct of the participant in this activity and agree to defend and indemnify you, your agents, employees, and representatives against any claim or liability arising as a result of such contact. If we, as parents or guardians, are not personally present at these activities in which the child is to participate, so as to be consulted in the case of necessity, you are authorized on our behalf to arrange for such medical and hospital treatment as you may deem advisable for the health and well being of the participant. My child has insurance and is under supervision of the church listed above.

**STUDENT/PARTICIPANT AGREEMENT:** I, as the participant, understand that while in attendance of Grace Point Community Church, I am under the direction and authority of those leaders in charge. I also understand that the use of alcoholic beverages, illegal drugs, tobacco, fireworks, foul language, and abusive and lewd behavior are prohibited. These events will be run within the standards set by Grace Point Community Church. I am expected as a participant to be with the group at all times. Any variance in the rules and/or regulations will result in immediate expulsion by asking my parents or guardians to pick me up. These events are for me and my friends of middle school or high school age. I understand that this is a church sponsored event and will have spiritual emphasis.

I (student) have read this entire release form and agree to its contents, and have discussed it with my parent or guardian.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED (Student) \_\_\_\_\_ DATE \_\_\_\_\_