



CONNECTIONPOINT
CHURCH

Medical Release January 2026 through January 2027

Parent/Guardian Consent

(Including emergency medical treatment for all students under the age of 18)

FAMILY MINISTRIES – CONNECTION POINT CHURCH
10500 E 350 Hwy, Raytown, MO 64138 • 816-353-1994

Child's Name _____ Date of Birth _____

Address (include city, state, zip code) _____

Cell Phone (w/area code) _____ Home Phone (w/area code) _____

This is to certify that my relationship to the above-named child is: (check as applicable)

- One of two custodial parents, and I certify that I have the consent and authorization of the other parent to sign this consent/release form.
- I am the sole custodial parent.
- I am the legal guardian.

Disabilities/Allergies (enter "None" if so) _____

Current Medications (enter "None" if so) _____

Date of Last Tetanus _____

Family Doctor's Name and Telephone (w/area code) _____

Medical Insurance (include group & policy numbers, name of insured) _____

Phone number (w/area code) and First & Last Name of Responsible Adult for Emergencies _____

Name of Preferred Hospital _____

I (and, if applicable, the student's other custodial parent) further consent and authorize that if in the sole discretion of the adults in charge of said activity, the above-named student is in need of emergency medical treatment during the period above noted, any such adult may give consent (in my behalf as parent/guardian and, if applicable, the student's other custodial parent) to such treatment, and may sign appropriate consent forms in my behalf (and, if applicable, in behalf of the student's other custodial parent) the same effect as if I (and, if applicable, the student's other custodial parent) had personally signed such consent form.

CONTINUED ON BACK

RELEASE AND WAIVER OF LIABILITY

The individual named below (referred to as "I" or "me") desires to participate in [camps, mission trips, trips and other activities] (the "Activities") sponsored and organized by Connection Point Church (the "Sponsor"). In consideration of the intangible value that I will gain by participating in the Activities and in recognition of the Company's reliance hereon, I agree to all the terms and conditions set forth in this agreement (this "Release").

1. Assumption of Risk. I am aware and understand that the Activities may be inherently dangerous and may expose me to a variety of foreseen and unforeseen hazards and risks. I acknowledge that I am voluntarily participating in the Activities and have considered those risks. I hereby expressly and specifically assume such risks, including any and all risk of injury, harm, or loss that I may incur as a result of my participation in the Activities.

2. Medical Treatment. I hereby give consent and authority to the Sponsor to obtain medical treatment on my behalf if I am injured or require medical attention during my participation in the Activities. I understand and agree that I am solely responsible for all costs related to such medical treatment, medical transportation, and/or evacuation. I hereby release, forever discharge, and hold harmless the Sponsor from any claim whatsoever in connection with such treatment or other medical services.

3. Release and Waiver. I hereby fully and forever release and discharge the Sponsor and all persons associated with it from, and expressly waive, any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that may arise from my participation in the Activities. I agree not to make or bring any such claim or demand against the Sponsor, and fully and forever release and discharge the Sponsor from liability under such claims or demands.

I understand that this release discharges the Sponsor from any liability or claim that I may have against the Sponsor with respect to any bodily injury, personal injury, illness, death, property damage, or property loss that may result from the activities, whether caused by the negligence of the Sponsor or otherwise. This Release does not extend to claims for gross negligence, willful misconduct, or any other liabilities that Missouri law does not permit to be released by agreement.

4. Indemnification. I hereby agree to indemnify, defend, and hold harmless the Sponsor from any and all liability, losses, damages, judgments, or expenses, including attorneys' fees and the costs of enforcing any right to indemnification under this Release, that it may incur or sustain as a result of my negligence, recklessness, or willful misconduct in connection with my participation in the Activities, arising out of any third-party claim.

5. Photographic Release. I understand and agree that during the Activities, I may be photographed and/or videotaped by the Sponsor for internal and/or promotional use. I hereby grant and convey to the Sponsor all right, title, and interest, including but not limited to, any royalties, proceeds, or other benefits, in any and all such photographs or recordings, and consent to the Sponsor's use of my name, image, likeness, and voice in perpetuity, in any medium or format, for any publicity without further compensation or permission.

6. Transportation Consent. I hereby give consent to the Sponsor to transport me to Activities that meet off campus.

By accepting this form, the Sponsor agrees that, in the event of an emergency, reasonable efforts will be made to contact the responsible adult listed on the reverse of this form as quickly as is feasible under the circumstances.

Name printed (Child or Student)

Signature (Child or Student)

Phone w/Area Code

Date

(Because the child or student is under 18 years of age, a parent or legal guardian must also sign.)

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby consent in all respects to the terms of this Release. I authorize the Sponsor to obtain medical treatment for such minor and release it from liability in accordance with this Release.

Name printed (Parent or Legal Guardian)

Signature (Parent or Legal Guardian)

Phone w/Area Code

Date