

# Waypoint Church

## Medical Release/Waiver for 2024 Waypoint Events

### Child Information:

Last Name, First \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Grade \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_

### In an emergency, contact:

Primary Contact \_\_\_\_\_ Relation \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Relation \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

### Publication Use Release:

- Yes, I authorize Waypoint Church to use images of my child, including but not limited to photographs and video footage, for use in web, printed media, and video publications for Waypoint Church.
- No, I do not grant authorization for use of my child's image for church publication at this time.

I understand that in making this authorization, none of the above referenced pictures or videos will be used for commercial purposes and will not be sold or used for profit but will be used for the church's ministry and promotion of the church's ministry only. If I change my mind at any time, I must notify Waypoint Church in writing to cancel this authorization and sign a new form with my revised authorization.

### Insurance Information:

Insurance Provider: \_\_\_\_\_ ID #: \_\_\_\_\_

In the event of an emergency, where medical treatment is required, I give my permission to the church staff or sponsor(s) to obtain the services of a licensed physician as it relates to:

\_\_\_\_\_  
(Dependent's name)

Please attempt to notify me immediately concerning any such emergency. I understand that this signed waiver will allow my child to be involved in various events or activities offered by Waypoint Church. I understand that this Medical Waiver will be invalid upon **December 31, 2024**. I also understand that I am responsible for contacting Waypoint to update any information that changes concerning the above-mentioned child.

I understand that Waypoint Church and the accompanying sponsors are not liable for any accidents, illnesses, or any other problems, damages, or costs incurred by or to my child. I release Waypoint Church and the accompanying sponsors from all responsibility for accidents, illnesses or other problems, damages, or costs incurred by or to my child.

### Signature of Parent or Guardian

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date