

Medical/Media Release

Five Points Community Church | Resolved Student Ministries
3411 East Walton Blvd., Auburn Hills, MI 48326 | 248-373-1381

Parent/legal guardian, please complete all fields for each student, for each event and sign/date the line at the bottom. Submit the completed/signed form to any Resolved leader prior to the event. Thank you!

Event location(s): _____

Event date(s): _____

I _____, the parent/legal guardian of _____, give my consent and permission to the leaders of Five Points Community Church (FPCC) to have any necessary emergency medical aid administered to my child while he/she is participating on a youth activity with FPCC. I also do hereby release FPCC, its officers, employees, agents and members from all claims and causes of action by reason of any injury. By signing below, I agree to allow FPCC to use my child's photo in their public media, including their website and publications. I understand that his/her name will not be used on any photo.

Signature of parent/guardian

Date