



GRACEPOINT COMMUNITY CHURCH
78223 TALLASSEE HWY
WETUMPKA, AL 36092



WAIVER OF LIABILITY FORM FOR TRAVEL

Please complete in full and return to Grace Point Student Ministries (GPS Ministries). Completion and return of waiver is required before student may have permission to travel with GPS Ministries to event locations.

PLEASE READ WAIVER BEFORE SIGNING

I, (parent /guardian) _____ understand that during participation in GPS Ministries events, my child/ward _____ will need to be transported to place of GPS Ministries event locations. I grant permission to GPS Ministries to transport my child/ward to event location and back. I understand that my child may be exposed to physically and psychologically stressful, and challenging situations, including but not limited to, risks and dangers inherited in the activity itself, exposure to forces of nature, and possible motor vehicle accidents.

I understand that although precautions have been taken to provide proper organization, supervision, instruction, and equipment for each activity, it is impossible to guarantee absolute safety. I understand that I share the responsibility for the safety of my child/ward and assume that responsibility.

I hereby assume all risk and dangers and will hold harmless Grace Point Student Ministries and Grace Point Community Church along with their officers, agents, and employees, and all groups and persons connected herewith, from all actions, causes of actions, suits and any claims, demands, and liabilities whatsoever, both in law and equity, and/or any of their respective officers, agents, and employees in connection with GPS Ministries activities and events, except in cases of gross negligence.

The terms hereof shall be binding on my executors, heirs, administrators, agencies, and shall serve as an assumption of risk and general release for the child/ward while participating in this event.

SIGN FOR ASSUMPTION OF RISK, GENERAL RELEASE, AND WAIVER OF CLAIMS.

PARENT/GUARDIAN _____ DATE _____

EMERGENCY CONTACT PERSON _____

EMERGENCY CONTACT PHONE# _____

RELATIONSHIP TO PARTICIPANT _____