

**Center Pointe Community Church - Tr1be**

**MEDICAL AND SURGICAL WAIVER**

I am the parent/guardian of \_\_\_\_\_ and hereby acknowledge that he/she is under my care, custody and control. In the event there arises an emergency necessitating medical/surgical attention, I expressly grant my permission and consent to Center Pointe Community Church of the Nazarene staff, its representatives, sponsors or any attending physician to make such decisions and to perform such medical treatments/or surgery upon my child listed above which may in their sole discretion be necessary and proper under the circumstance. I, the undersigned parent and legal guardian of the above mentioned child, do release, acquit, discharge, and covenant to indemnify and hold harmless Orlando Center Pointe Community Church of the Nazarene or its representatives, sponsors or any attending physician, from any and all actions, causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and any financial responsibility for all medical treatment provided.

**DAMAGE LIABILITY**

I assume financial responsibility for any damage my child may cause, and for providing transportation home should it become necessary for disciplinary reasons.

**PERSONAL PROPERTY SEARCH**

I give my permission to Orlando Center Pointe Community Church of the Nazarene staff, its representatives, sponsors and chaperones to search my child's personal belongings, including but not limited to all luggage, purses, and backpacks if deemed necessary on rare occasion for security reasons.

**MEDIA WAIVER**

I give Orlando Center Pointe Community Church of the Nazarene the right to use video and/or still photography of my child for any appropriate promotional use.

Signature of parent/legal guardian \_\_\_\_\_

Date \_\_\_\_\_

Before me, A Notary Public, in and for said County and State/Province this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

personally appeared \_\_\_\_\_ and acknowledged execution of the foregoing.

In Witness whereof, I have hereunto set my hand and Notary Seal.

State/Province of: \_\_\_\_\_

County of: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

My Commission expiration date: \_\_\_\_\_

Notary Seal: