

# Parent's Release Form

(Required for all attendees under 18 years of age)

I authorize Northpoint Bible College to provide or secure emergency medical treatment as required for my son/daughter, \_\_\_\_\_ (name) for the days of April 6<sup>th</sup>-8<sup>th</sup>, 2017 while attending Campus Experience at Northpoint Bible College. I have included medical insurance information. Further, I hereby do waive, release, and forever discharge Northpoint Bible College and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my son/daughter's participation in any activities while attending Campus Experience at Northpoint Bible College. Should the above mentioned minor leave the Northpoint Bible College campus, I assume responsibility for said minor and agree not to hold Northpoint Bible College responsible for any harm that may befall said minor if they leave the Northpoint Bible College campus.

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Parent's Signature

Date

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Insurance Provider

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Policy Number