

Cypress Point Church

Family Ministries Program 2026

Hold Harmless/Waiver

I, _____, who as Parent/Guardian of
Child's Name _____

DOB _____ Sex: Male Female Phone _____

Address _____ City _____ Zip _____

do understand and agree that I will hold Cypress Point Church, its insurance carrier, and volunteer representatives harmless in the event that my child suffers any injury or accident during any CPC activity. I agree that I will underwrite any medical costs or other costs related to my child's injury or accident personally and/or in conjunction with my personal insurance carrier, and that in accordance with this waiver, I will not file a claim against CPC or their insurance carrier, and a volunteer representative at some later date for such injury or accident. I acknowledge that this Hold Harmless/Waiver applies to my activities during any CPC activity.

Signed this ___ day of _____ 202__

Effective for a period of 1 year from the date signed.

Parent/Guardian Signature

Parent/Guardian (Print Name)

PHOTO/VIDEO RELEASE PERMISSION

I hereby give permission for images of my child, captured during CPC Events through video, photo, and digital camera, to be used solely for the purposes of Cypress Point Church promotional material and publications, and waive any rights of compensation or ownership thereto.

Date _____

Parent/Guardian Signature

Parent/Guardian (Print Name)