

**LifeSpring Church Student Ministry**  
**Liability and Transportation Agreement**  
**November 2025 - November 2026**

Sponsoring organization:  
LifeSpring Church, SBC  
13904 S. 36<sup>th</sup> Street  
Bellevue, NE 68123

Lead Pastor:  
Derrick Nichols  
Student Ministry Coordinator:  
Mark FitzHenry Jr.

**To Whom It May Concern:**

The undersigned does hereby give permission to our (my) son/daughter, \_\_\_\_\_, to attend and participate in any and all Student ministry events between November 1st, 2025 to November 1st, 2026.

The undersigned does hereby give permission for our (my) child to ride with an adult over the age of 25 in their personal vehicle or one of the church vans.

We (I) authorize an adult, in whose care our (my) child has been entrusted, to consent to any emergency medical treatment to be rendered to our (my) child under the supervision and advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital and/or emergency medical care facility. We (I) do herewith authorize the treatment by this authority, and it is granted only after a reasonable effort has been made to reach us (me), the parent(s) and/or guardian(s). Our (my) signature(s) serves to indicate our (my) willingness to take full financial responsibility for any and all medical services rendered for my child. We (I) release LifeSpring Church from this liability.

The undersigned does hereby release and agree to hold harmless LifeSpring Church and their directors, employees, agents, or representatives from any and all liabilities and claims for personal injury, illness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by our (my) son/daughter that may occur while said child is participating in the above named trip.

This consent and release will be effective from November 1st, 2025 to November 1st 2026.

Student Date of Birth \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Parent/Guardian Phone Number \_\_\_\_\_

Emergency Contact (other than above) Name/phone number \_\_\_\_\_

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