

YOUTH MINISTRY

MEDICAL AND LIABILITY RELEASE FORM

We (the parents) believe the necessary precautions and plans for the care and supervision of our child/children will be taken during any trip sponsored by the Youth Ministry of CCC. So, on behalf of the said student we (I) hereby release, forever discharge, and agree to hold harmless Crossroads Christian Church (CCC), directors and supervisor of this trip, from any and all liability, claims or demands for personal injury, sickness, etc. including transportation to and from the activity. Further, authorization and permission is hereby given to CCC and its agents to furnish any necessary transportation, food and lodging. Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and excursion activities involved therein.

We (I) am not aware of any medical condition of my child, which would render in inappropriate for him/her to participate in activities while on this trip. We (I) are the parent(s) or legal guardian(s) of this participant and hereby grant permission for him/her to participate fully in the planned activity, and hereby give permission to take him/her to a doctor or hospital and authorize medical treatment, including but not in limitation to emergency surgery, or x-rays. We (I) will assume all responsibility for all medical bills, if any. I understand that, if medical treatment is required, I will be contacted as soon as possible. Should it be necessary for my child to be sent home for medical reasons, disciplinary reasons, or otherwise, we (I) hereby assume all costs.

Student's Name _____ Age _____

Address _____ City/State _____ Zip _____

Home Phone _____ Student Cell Phone _____ E-mail _____

Insurance Company Address & Phone _____

Policy Number _____ Physician _____ Phone _____

Emergency Phone Numbers _____ (Home) _____ (Cell)

Person other than parent/guardian we can notify during an emergency _____

Additional emergency phone numbers _____

Parent/Guardian Print Name _____ Sign Name _____ Date _____

List any relevant allergies, illnesses, condition, or information: _____

Liability Release

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in all church-related social activities. They also agree not to hold this church, its employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned. Either parent, if both parents have legal custody, or the parent or person having legal custody or the legal guardian, of a minor may authorize in writing any adult person into whose care the minor had been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medicine Practice Act or to consent to a X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.
(California Civil Code Section 25.8: Added Stats. 1965, c.1524, p. 3616, s 1.).

The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release. This authorization shall remain effective until terminated in writing and delivered to Youth Pastor or designee of Crossroads Christian Church in Hutchinson, KS

