

PARENTAL RELEASE FORM / MEDICAL RELEASE FORM

PARTICIPANT AGREEMENT

Student Name _____

Parent/Guardian Name _____

Address _____

Phone Number _____

Insurance Company _____

Policy Number _____

Date of Last Tetanus Shot _____

Is sponsor authorized to approve medical treatment? _____ Yes _____ No

Is participant covered by personal/family medical insurance? _____ Yes _____ No

If Parent/Guardian is unavailable please contact:

Name _____

Phone _____

Activity information is found on the "Happenings" table and as a result, I have a basic understanding of what my son/daughter will be doing while participating in Crossview Church Youth activities (In-depth questions should be asked before individuals participate on activities). Upon this understanding, I will allow my child to participate in the activity and be under the authority of the Crossview Church Youth Leaders.

In consideration for the opportunity to participate in the activity, by signing below, the participant (and/or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participating in the church related activity. Except for gross negligence on the part of the sponsor, the participant (and/or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (and/or parent/guardian) promise to indemnify, defend, and hold harmless the sponsoring organization, its representatives, the activity sponsor or it agents, employees, volunteers, or any other representative (collectively referred to hereinafter as the "sponsor") for any injury related directly or indirectly to the activity or transportation to and from the activity, whether such injuries arises out of the negligence of the Sponsor or otherwise. If a dispute over this agreement or any claim for damages arise, the participant (and/or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process. If the Participant (and/or parent/guardian) and the Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member panel of the American Arbitration for final resolution.

I hereby give permission to Crossview Church and the Church staff or Church representative to secure emergency medical and surgical treatment and to provide routine, non-medical care for the minor children named above while attending church sponsored activities. In case of any emergency my child may receive medical treatment if necessary. I understand that every effort will be made to contact me prior to any treatment. My child may also be photographed and pictures may be used in church promotional material.

I have read and understand this agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Parent/Guardian Signature _____

Date _____