



Release Form for CrossRidge Church

EVENT: Crazy Summer Nights

Student Name: _____

Parent/Guardian Name: _____

Emergency Authorization In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby release its employees, or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I as the parent or guardian, will be responsible for any medical expense in the event of a sickness and/or injury.

I understand that there are risks involved in taking place in recreation activities and other activities relation to participation in youth functions.

RELEASE, DISCHARGE, WAIVER AND HOLD HARMLESS AGREEMENT

I do hereby release, acquit, hold harmless, and forever discharge CrossRidge Church, its agents, servants, sponsors, employees, and all persons natural or corporate in privity with them, from any and all claims or causes of action, including but not limited to actions, suits and/or claims for bodily injuries, death, or property damage, while participating in any activity, including travel to and from any church activities. This agreement also applies to any and all activities on or off church property.

The undersigned agrees to assume liability for any and all costs and expenses incurred including medical and dental costs in the event an injury or claim arises. The undersigned further represents by the signing of this agreement that the subject participant has adequate health, disability and life insurance and further acknowledges that CrossRidge Church does not provide health, disability or life insurance for the subject participant.

The undersigned further agrees that should the need arise for any transportation, lodging, and/or meals for participant, because of some unforeseen event, including but not limited to, the breakdown of church, employee or sponsor vehicles, chartered vehicles, or if transportation becomes necessary for medical emergencies, the undersigned shall be responsible for such costs.

If for any reason legal action is taken against CrossRidge Church, by the undersigned participant, parents, or guardian, the undersigned agrees to assume any legal costs and expense incurred by CrossRidge church in the event that it successfully defends such claim, action or lawsuit.

I assume full responsibility for any damage to property and/or equipment owned or leased by CrossRidge church during any of the aforementioned activities and understand I will be responsible for replacement of same.

Signature of Parent/Guardian

Date

Participant Signature

Date



Emergency Contact

Student Name: _____

Emergency Contact #1

Name: _____ Phone: _____

Emergency Contact #2

Name: _____ Phone: _____

I agree to all terms and conditions related to this event and the above information is correct.

Parent Signature