

Medical and Liability Release

This form must be completed to participate in Centri Kid Summer Camp. The permission is given for the Camp scheduled for June 19th-23rd, 2017 . It is understood that all participants will obey and comply with all regulations and follow the instructions of the ministry leadership.

Name: _____ Home Phone: _____ DOB: ____ / ____ / ____

Address: _____ City/State/Zip: _____

Emergency Contact: _____ Phone: (____) _____

Relationship: _____

Crossroads Fellowship provides secondary insurance coverage. If you have medical insurance, your carrier will be billed for any medical charges in the case of illness or injury.

Do you have health insurance? Yes _____ No _____

Please provide all current information regarding your health insurance in order to insure a speedy treatment in case of injury.

Insurance Company: _____ City/State/Zip: _____

Policy #: _____ Phone: (____) _____

Activity Restrictions: _____

Allergies: Medicine: _____ Reaction: _____

Food: _____ Reaction: _____

Other: _____

Are you currently on any medications that you will need on this trip? Yes _____ No _____

Special Instructions: _____

1) Medication: _____ Dose: _____ Reason: _____

2) Medication: _____ Dose: _____ Reason: _____

3) Medication: _____ Dose: _____ Reason: _____

Have you suffered from any of the following conditions:

____ Frequent headaches ____ Motion sickness ____ Heart murmur ____ Corrective lenses ____ Asthma

____ Depression ____ Diabetes ____ Hay fever ____ Epilepsy ____ Arthritis

____ Hearing difficulties ____ Seizures ____ Nose bleeds ____ ____

Immunizations: ____ All shots are current ____ HepB ____ DtaP ____ Hib ____ Polio

____ MMR ____ Var

Date of last tetanus booster? _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT and RELEASE OF LIABILITY

In case of an emergency, I understand that every effort will be made to contact my emergency contact. If they cannot be reached, I hereby give the representatives of Crossroads Fellowship permission to act on my behalf to hospitalize, secure proper treatment and/or order an injection, anesthesia or surgery for me in the event that such treatment is deemed necessary by the physician, dentist, paramedic, EMT or other skilled medical practitioner selected by the representatives of Crossroads Fellowship. I give permission to those administering emergency treatment to do so, using those measures necessary. My signature on this liability release constitutes my agreement not to hold Crossroads Fellowship, its agents, representatives or employees liable for damages, losses or injuries to person or property. I further understand that my signing this liability release constitutes a full and complete release from liability insofar as Crossroads Fellowship is concerned. I understand that my signature is also consent for emergency treatment.

If I am signing as a parent/guardian for a minor, in case of emergency, I understand every effort will be made to contact me. If I cannot be reached, I hereby give the representatives of Crossroads Fellowship permission to act on my behalf to hospitalize, secure proper treatment and/or order an injection, anesthesia or surgery for my child in the event that such treatment is deemed necessary by the physician, dentist, paramedic, EMT or other skilled medical practitioner selected by the representatives of Crossroads Fellowship. I give permission to those administering emergency treatment to do so, using those measures necessary. My signature on this liability release constitutes my agreement not to hold Crossroads Fellowship, its agents, representatives or employees liable for damages, losses or injuries to person or property. I understand that I am signing for the minor listed on this form, and I further understand that my signing this liability release constitutes a full and complete release from liability insofar as Crossroads Fellowship is concerned. My signature, as the parent or guardian of this minor, is also consent for emergency treatment.

CONSENT TO PARTICIPATE

In planning and preparing for Young Adults Ministry events, Crossroads Fellowship has carefully and methodically planned for a safe and successful event. However, no activity or event is without the possibility of unforeseen hazards. Certain activities have the inherent possibility for risk. Therefore, we want to alert parents, guardians and other individuals to these risks. By signing this consent the parent, guardian and/or individual agrees to assume and accept all risk and hazards associated with these events. These include but are not limited to transportation, housing, and related sports activities including hiking, and the health and safety hazards associated with these events. Some of the risks or factors creating risk especially in regard to hiking include but are not limited to: hazards of traveling by foot on uneven ground including slippery rocks and vegetation; injuries inflicted by animals, insects, reptiles, and plants; the physical exertion associated with the outdoor activity; traveling in a vehicle driven by others, etc. They also agree not to hold Crossroads Fellowship and/or its agents, representatives or employees liable for damages, losses or injuries to the person named on this release of liability and consent to participate.

BEHAVIOR RELEASE

I understand that participation in the events of the Crossroads Fellowship Young Adults Ministry is a privilege and not a right. The Ministry staff will carefully explain all rules and expectations to all participants. In the event that a participant does not follow these rules and guidelines, the Ministry staff will be empowered, by the signing of this document, to take appropriate action to maintain the standards established by the leadership. This action could include sending a participant home at the expense of the participant and/or their family. By signing this form the participant is agreeing to cooperation with the leadership team, and the individual, parent or guardian is assuming any liability for any disciplinary action.

PHOTO AND VIDEO RELEASE

I grant permission to Crossroads Fellowship, its ministries, and staff to use photographs and/or video taken of me and/or my child during the events of the Young Adults Fall Retreat for use in their social media posts, future publications and website. I understand that no personal information about myself and/or my child will be published in any format. I hereby waive any right to inspect and/or approve the finished photographs or video or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs and/or video. I hereby agree to release, defend, and hold harmless Crossroads Fellowship, its ministries, and staff, from and against any claims, damages, or liabilities arising from or related to the use of the photographs and/or video, including, but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

The signature(s) affixed to this release attest to our understanding of and agreement to abide by the statements made above. I/We agree with all statements, terms and conditions of the **CONSENT FOR EMERGENCY MEDICAL TREATMENT and RELEASE OF LIABILITY and CONSENT TO PARTICIPATE and BEHAVIOR RELEASE and PHOTO AND VIDEO RELEASE.**

SIGNATURE OF PARENT/GUARDIAN

Date

****Signature is required** if the participant is under the age of 18 AND/OR Parent/Guardian is named Primary Insured on your medical insurance policy.

SIGNATURE OF PARTICIPANT

SSN

Date