

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 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, 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 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 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 my child during events of Young Adult Ministry for use in their future publications and website. I understand that no personal information about 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 PARTYICIPATE** 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 _____