



**CrossWinds Church, EFCA  
Event and Photo Terms and Conditions**

I/We give consent for \_\_\_\_\_ (name of minor) to attend any events being sponsored by CrossWinds Church, EFCA. I grant permission for my child to travel to/from CrossWinds events with an adult leader. Any such event will be communicated with me beforehand.

I understand that my child(ren) may participate in physical activities. As with any physical activity, there is a risk of injury.

In the event that he or she is injured while under the care of the CrossWinds Church, EFCA and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

I/We further agree to hold the licensed physician, the medical facility, the CrossWinds Church, EFCA and its representatives free and harmless of any claims, demands or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the events and do hereby release the CrossWinds Church, EFCA and its representatives from any liability due to accident or injury incurred by my child.

I grant permission for photo's of my child(ren) to appear within the CrossWinds Church building (i.e. bulletin boards) and on the web.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Every possible safety precaution will be taken by those in charge and every possible attempt will be made to contact the parent or guardians immediately in the event of injury or other emergency!

Student Name \_\_\_\_\_ Phone # \_\_\_\_\_

Student Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Email \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex M F \_\_\_\_\_

Parents/Guardians \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Does your child have special needs? **Learning Behavior Diet Medical Allergies**

What can we do to help meet these special needs?

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Home Church

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