



# YTH Activity Waiver

## Participant Information

Name \_\_\_\_\_ School \_\_\_\_\_

☐ Male ☐ Female

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in Fall \_\_\_\_

Student phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Student Cell # \_\_\_\_\_

Roommate Request \_\_\_\_\_

## Parent/Guardian Information

Name(s) of parent/guardian child lives with \_\_\_\_\_

Parent Email \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## MEDICAL INFORMATION

Clinic/Doctor \_\_\_\_\_ Phone \_\_\_\_\_ ☐ No  
insurance ☐ MA ☐ MN Family Insurance Company

Policy # \_\_\_\_\_ Insurance Company Phone \_\_\_\_\_ Policy

Holder \_\_\_\_\_ Prescription Insurance # \_\_\_\_\_ Health

Problems/Limitations \_\_\_\_\_

Date of Last Tetanus Shot/Booster \_\_\_\_\_

## Allergies

☐ Bee Stings ☐ Food ☐ Drugs

☐ Other

My child can be given pain reducing medication (i.e. Tylenol, aspirin, etc.) as deemed necessary.

☐ Yes ☐ No

If NO, please list medication not to be dispensed

List medicine student will be bringing

**RELEASE AND WAIVER OF LIABILITY,  
ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")**  
Crossroads church |3354 Laurel Dr. NW, Bemidji, MN 56601

Full Name of **STUDENT**

Address

Email

In consideration of participating at Crossroads Church, I represent that I understand the nature of this activity (**Minnesota Youth Convention**) and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that, if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, up to and including dismemberment and death, which may be caused by my own actions or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "Releases" named below; and that there may be other risks either not known to me or not readily foreseeable; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in this Activity.

I hereby release, discharge, covenant not to sue, and Hold Harmless Crossroads Church, its respective administrators, directors, agents, officers, members, managers, volunteers, employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "Releases" herein) from all liability, claims, demands, losses, injury, disability, death or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "Releases" or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk, I, my estate, heirs, survivors, executors, assigns or anyone on my behalf, makes a claim against any of the "Releases", I agree to indemnify, save, and hold harmless each of the "Releases" from any loss, liability, damage, or cost which may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it, and have signed it freely and waive all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed Name of **STUDENT**

Signature of **STUDENT DATE**

**PARENTAL CONSENT (COMPLETE IF PARTICIPANT IS UNDER THE AGE OF 18)**

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such Activity. I hereby Release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the "Releases" from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the "Releases" or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, the estate, heirs, survivors, executors, assigns or anyone on the minor's behalf makes a claim against any of the above "Releases," I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the "Releases" from any litigation expenses, attorney fees, loss liability, damage, or cost the Release may incur as the result of such claim.

I authorize CROSSROADS to use my child's likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claims against CROSSROADS for the use of such photos or videos. I authorize CROSSROADS leaders/ pastors to inspect my child's belongings to see that they have not brought any prohibited or illegal items. I understand that if my child misbehaves and violates the rules, I may be called to pick him/her up. I give permission for my child to ride to and from the activities with CROSSROADS. I understand that I cannot hold CROSSROADS responsible for the safety of my child should he/she disregard the rules and guidance of the leadership on this trip.

Printed Name of **Parent/Legal Guardian**

Signature of **STUDENT DATE**