

Crossroads Student Ministries 2019 Medical Release/Waiver

This form will cover all Junior & Senior High camps, trips, activities, and events from January-December 2019 including but not limited to:

- Winter/Summer Camps
- Spring Break Events
- Service projects/Homeless benevolence
- Theme Parks
- Student Leader Team events/trips
- All Nighters
- Mexico Mission
- Any other JH/HS trip, camp, or event

I understand that no matter how well planned there may be inherent dangers and risks in conjunction with these trips, known or unknown, relating but not limited to land, water, or transportation; field outings, swimming, walking, or other activities; accommodations; accidents; illness; availability or adequacy of medical care or rapid evacuation; terrorism, strikes; or any Act of God. This release is intended to discharge in advance Crossroads Church, including all of its directors, officers, agents, volunteers, sponsors and employees (collectively referred to as Crossroads), from and against any and all liability arising out of or connected in any way with my or my child/legal guard's participation in the above activities, including without limitation injuries to person (whether or not resulting in death) and/or damage or loss to property, even though the liability may arise out of active or passive negligence or carelessness on the part of the person or entities mentioned above. Furthermore, as part of the consideration in participating in these events, I hereby agree that I, my heirs and assignees will not make claim against, sue, attach the property of, or prosecute Crossroads and any sponsor, or any affiliate organization for injury person (whether or not resulting in death) or damage resulting from active or passive negligence, carelessness or other acts, howsoever caused by Crossroads or its affiliates, as a result of my participation in the above activities. I agree that in the unlikely event that any dispute arises between Crossroads and myself, the dispute shall be governed by California law and resolved in a state or federal court sitting in Alameda County, California. In the event that the above named individual is a minor, I certify that I am the legal parent or guardian of the above participant, that he/she is in good physical condition and I give my permission for him/her to participate in the above activities. I hereby grant permission to Crossroads to take my or my child/legal guard's photo while participating in activities or programs to use for publicity, and to confiscate inappropriate property (including substances, weapons, cell phones, headphones & earbuds, etc.). Each participant registering on this form requires a signature. One parent/guardian may sign for all minors. I understand that my signature is a legal and binding signature and will be considered original if received by fax.

Prescription medications: You must provide written permission for all prescription and nonprescription medications. You must always bring prescription and nonprescription medication in the *original labeled containers*. Medication should be brought and returned home by parent/guardian to assure safety of all students. Through the year, you are responsible to inform (in writing) of any changes made in medication instruction. This includes written instruction from parents and physicians. You must be aware that CR is not able to act on verbal requests to change medication amount or frequency. You are responsible for alerting CR if there are any food interactions associated with medication taken.

My son/daughter, listed below, has my permission to attend these Crossroads Church Events. He/she will be riding on CR provided transportation, unless prior arrangements have been made by CR staff. I understand that if discipline issues arise, CR reserves the right to send my student home at my expense.

Student Information- PLEASE COMPLETE

Student Name _____ Age _____ Signature _____

DOB ____/____/____ Circle One: M or F Grade _____ School _____ Home Phone _____ Cell _____

Student Email _____ I came to Crossroads with _____

Mother's Name _____ Home Phone _____ Work _____ Cell _____

Father's Name _____ Home Phone _____ Work _____ Cell _____

Address _____ City _____ State _____ Zip _____

Insurance Co. _____ Policy # _____ Doctor _____ Phone _____

Emergency contact (other than parent/guardian) _____ Phone _____

Relationship to Student (Neighbor/grandparent, family friend, etc.) _____

Special Medical Conditions of Minor (Such as Diabetes, Allergic Reactions, Medications currently using): _____

May Tylenol, Ibuprofen, Benadryl, Cough drops or Tums be administered? _____ Yes _____ No Last Tetanus Shot? _____

The undersigned, being either a parent with legal custody or the legal guardian of the minor whose name appears below (the "minor"), hereby authorize any adult person at Crossroads Church of Fremont, California into whose care the minor has been entrusted to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, dental diagnosis or treatment, and/or hospital care to be rendered to the minor under the general or special supervision and under the advice of a physician and surgeon or dentist licensed under California law. The parent hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by the agent under this authorization. The authorization is given pursuant to California Civil Code section 25.8 and shall remain in effect during the dates above. The parent hereby authorizes any hospital which has provided treatment to the Minor to surrender physical custody of the Minor to the agent upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

Signature of Parent/Guardian _____

Print Name _____ Date _____