

# CROSSPOINT

## Participant Permission - Medical Release

### ***THIS FORM IS FOR ALL 2019 CROSSPOINT MINISTRY ACTIVITIES, EVENTS, RETREATS AND TRIPS***

Name of Participant \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ School Grade \_\_\_\_\_

Name of Parent(s)/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

EMAIL ADDRESS (REQUIRED) \_\_\_\_\_

#### **Permission:**

- I do hereby verify the information given on this form is correct.
- I do hereby give permission for my above-named child to participate in and to be transported from **ALL** activities, events, retreats, or trips sponsored by the Student Ministry of CrossPoint, Trussville, AL during 2019.
- I understand that this permission/release will apply to all planned activities, events, retreats or trips sponsored by the Student Ministry of CrossPoint during the 2019 year.
- I understand that, in the case of an emergency CrossPoint employees, agents and/or sponsors will make every effort to contact me and/or the contact person named below, however;
- Should the named contact person, or myself, be unavailable to make decisions regarding my child's care, I do hereby grant permission for CrossPoint employees, agents, and/or sponsors to obtain emergency medical attention in case of sickness or injury, to my child.
- Should the named person or myself, be unavailable to make decisions regarding my child's care, I do hereby grant permission for an attending physician or hospital to perform whatever care is deemed necessary by CrossPoint employees, agents and/or sponsors for the welfare of my child.

#### **Hold Harmless:**

In consideration for you allowing my child to go on said activities, events, retreats, or trips:

- I hereby release, absolve, indemnify, hold harmless, and forever discharge CrossPoint, its employees, agents, organizers, sponsor, or any supervisors appointed by them from any and all claims, demands, actions or cause of actions, past present, or future arising out of injury or damage to my child while participating in any activity, event, retreat or trip.
- I assume all risks and hazards incidental to the conduct of the activities, events, retreats or trips and transportation to and from these activities, events, retreats, or trips. In case of injury to my child, I hereby waive all claims against CrossPoint, its employees, agents, organizers, sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting my child to and from said activities, events, retreats or trips.
- I agree that any dispute, claim, questions, or disagreement arising out of or relating to said activities, events, retreats or trips, which cannot be otherwise resolved shall be submitted to mediation and if necessary legally binding arbitration as adopted by the Administrative Pastor and legal counsel. As a result, I expressly waive any and all rights at law and equity to bring any civil matter before a court of law, except that judgment upon the award rendered by the arbitrator may be entered in any court have jurisdiction thereof.
- I agree to provide medical insurance for my child.

**Photography Consent:**

I understand that CrossPoint regularly photographs, videotapes, or records by other visual or sound recording devices during our worship services, Sunday school and other church sponsored activities, events, retreats and trips. In consideration for allowing my child to participate in said activities, events, retreats and trips, I consent to my child's photograph, likeness or image being used by CrossPoint in video presentations, publications, on their web site or in any other lawful manner.

**Medical Insurance Information:**

Family Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Check applicable box and give appropriate information below:

- None     Heart Trouble     Bronchitis     Kidney Trouble     Dizziness
- Diabetes     Stomach Upset     Asthma     Sinusitis

Allergies: List \_\_\_\_\_

Other medical conditions or medications that we need to be aware of \_\_\_\_\_

Immunization: Tetanus: Date Received \_\_\_\_\_

**Emergency Notification If I am unavailable in the case of an emergency please notify:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of Father or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother or Legal Guardian

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 2019.

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_

*If you choose to later revoke this permission/ release it must be done in writing.*