

**Crossroads Church Youth Ministry**  
**MEDICAL / LIABILITY / MEDIA Release Form**

201 \_\_  
Year of High School Graduation

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
Parent Name \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Parent Email \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Family Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Known Allergies \_\_\_\_\_

**Medical Conditions:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> Heart Condition   | <input type="checkbox"/> Epilepsy/Nervous Disorders |
| <input type="checkbox"/> Diabetes       | <input type="checkbox"/> ADD or ADHD       | <input type="checkbox"/> Migraine Headaches         |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Other _____                |

If your child should require medical attention for injuries or illnesses contracted prior to this activity/trip, please send along the information necessary to give you or your child proper medical service during this activity/trip. If you have medical insurance for your child, your carrier will be billed for medical charges in the case of illness or injury while your child is attending this activity/trip.

Does your child have Health Insurance?     Yes     No

Name of Medical Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Authorization Phone # (if necessary) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**MEDICAL RELEASE:**

*(I) (We), the undersigned, parent(s) of \_\_\_\_\_, a minor, so hereby authorize any staff or representatives of Crossroads Church as agent(s) for the undersigned to consent to any emergency transportation, X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general care or supervision of, any licensed physician and/or surgeon, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.*

*It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.*

*This authorization shall remain effective until revoked in writing delivered to said agent(s).*

**LIABILITY RELEASE:**

\_\_\_\_\_ (parent's name) shall indemnify, hold free and harmless, assume liability for, and defend Crossroads Church, its agents, servants, employees, officers, and directors from any and all cost and expenses including but not limited to, attorneys' fees, reasonable investigative and discovery costs, court costs, and all other sums Crossroads Church is obligated to pay on account of any, all and every demand for, claim assertion or liability, or any claim or action founded thereon, arising or alleged to have arisen out of \_\_\_\_\_ (child's name) use of real or personal property belonging to Crossroads Church, its agents, employees, officers, and directors, or by any action or omission by \_\_\_\_\_ (child's name).

*No recreational activities are without the possibility of unforeseen hazards. Certain activities have the inherent possibility for risk. Therefore, we want to alert parents, guardians and individuals these hazards. It is impossible to list all such risks. Personal injury and property damage may result from participating in some of our activities which may include competition games, broom hockey, skiing, snow tubing, ice skating, snow boarding, other winter related sports and activities, boating, biking, rappelling, night games, volleyball, roller skating/blading, skateboarding, paintball, swimming, other water and summer related sports and activities which we allow. Injury and property damage may also result from such activities which we do not allow thereby violating our standing common sense rules.*

**MEDIA RELEASE:**

*I hereby give my consent for Crossroads Church to interview me and/or to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Crossroads Church, in perpetuity, and for other use by the church. I will make no monetary or other claim against Crossroads Church for the use of the interview and/or the photograph(s)/video.*

x \_\_\_\_\_  
Parent/Guardian Signature (Your may sign your own release if you are over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Child

**Note: This form is effective from the date of the signature of the parent or individual and does not expire. The parent, guardian, or individual is responsible to update or correct any information that changes.**