

**Crossroads Christian Center
Medical and Liability Release Form**

Child's Name _____ Age _____
Parent's Name _____ Parent's Home Phone _____
Parent's Cell Phone _____ Parent's Work Phone _____
Alternate Emergency Contact _____ Phone _____

Activity Description

Activity Date: _____ Activity Leader: _____

As the parent or guardian of the above named minor, I hereby give my permission for my child to participate in the above described activity with Crossroads Christian Center. I agree to release the church and its personnel, leadership, and volunteer adults from any liability in the event of accident, illness, or injury that results from the participation in such activities.

IN CASE OF ACCIDENT, ILLNESS, OR INJURY, I hereby give my consent for the above named student to be treated by emergency personnel and/or be transported to the nearest hospital in case of accident or injury. I give my consent for Crossroads Christian Center staff and adult volunteers to act as agent for the undersigned in consent to any x-ray examination, anesthetic, medical, or surgical treatment and/or hospital care which is deemed advisable by a supervising licensed physician. This authorization is given pursuant to the provisions of section 25.8 of the civil code of the State of California.

Parent/Guardian Signature

Date

Allergies or Medical Conditions We Should Be Aware Of:

Insurance Provider _____

Policy Number _____ Group Number _____