



2017 Youth & Child Waiver of Liability/Permission Form

I/we, the parent(s) or guardian of _____ (Print Name), hereby grant my/our permission for him/her to participate in _____ (Event Name), including any associated transportation, food and lodging (Hereinafter call the "Event"), conducted by **The Crossing Church** on _____, 2017.

I am the natural parent, or managing conservator of the above-mentioned student, a minor. I hereby give permission for my student to participate in the above listed activities/Event of The Crossing Church.

Medical & Indemnity Release

I agree to unconditionally and absolutely RELEASE, WAIVE, HOLD HARMLESS, AND DISCHARGE THE CROSSING CHURCH, it's officers, employees, agents, representatives, successors, assigns, and volunteers from any and all responsibility owed to the student the parent, or their legal representatives, heirs, and assigns from any and all claims, losses, expenses, injuries, demands, actions, judgments, and/or causes of action, while the student is participating in the above mentioned Event.

Should my student need medical treatment while attending the activities of The Crossing Church, I grant the authority to The Crossing Church, it's officers, employee's agents, representatives, and volunteers to consent to medical treatment in the event I cannot be contacted. This authorization expressly includes the authority to sign releases on my behalf for medical services and facilities. I guarantee and promise to assume liability for payment of all such medical services and facility fees and to reimburse The Crossing Church, its officers, employees, agents, representatives, and volunteers for any medical expenses that may be incurred on behalf of my student.

Video Consent and Release

The Crossing Church ("TCC") and its student ministries occasionally create ministry videos, publicly and/or public relations advertisements ("Visual Productions") as a part of the work of "TCC". While "TCC" is under no legal obligation to obtain a release for your student/students to be a part of these Visual Productions (nor is TCC assuming any legal obligation arising out of this Consent and Release), TCC is attempting to affirmatively record your approval for your student/students participation in these Visual Productions. As a condition of your student participation in this activity, we require you to sign and return this form to TCC with respect to your student/students.

The agreement below allows you to express your approval for student/student's name, picture, art, written work, voice, verbal statements and/or portrait (video or still) (collectively, "Image/Statement") to appear in TCC Visual Productions. These Visual Productions may or may not personally identify your student/students and their Image/Statement may be used by TCC in Visual Productions in subsequent years.

Consent and Release

The undersigned Parent/Guardian releases to The Crossing Church, the Image/Statement of the student listed above, and the undersigned consents to THE CROSSING CHURCH's use of the Image/Statement as part of Visual Productions.

The undersigned Parent/Guardian understands and agrees that:

- No monetary consideration shall be paid by TCC for use of the Image/Statement;
- The undersigned's consent and release has been given without coercion or duress;
- The Image/Statement may be used in subsequent years by TCC.

This Consent and Release may be rescinded with written notice sent by Certified Mail through the USPS to The Crossing Church, 10130 Tuscany Ridge Drive, Tampa, FL 33619.

Parent/Guardian's Signature: _____ **Date:** _____

Print Name: _____



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Both Parents must sign below unless parents are separated or divorced in which case the custodial parent must sign.

Father (print): _____
Ph-Days: _____
Ph-Eves: _____
Cell: _____
Email: _____

Mother (print): _____
Ph-Days: _____
Ph-Eves: _____
Cell: _____
Email: _____

Legal Guardian: _____
Ph-Days: _____
Ph-Eves: _____
Cell: _____
Hospital/Health Insurance Co.: _____
Physician Name: _____

Other Emergency Contact: _____
Ph-Days: _____
Ph-Eves: _____
Cell: _____
Attach copy of Insurance Card
Policy No: _____
Physician Phone Number: _____

Student Information

Name: _____ Birthday (mm/dd/yy) _____

Address: _____ Sex: _____

City: _____ State: _____ Zip: _____

Home Phone: _(____) _____ Student Cell Phone: _(____) _____

School: _____ Grade: _____

Health Problems/Limitations: _____

Allergies: _____

Yes No : My child can be given pain reducing medication (i.e., Tylenol, aspirin, etc) as deemed necessary.

If NO, please list medication not to be dispensed: _____

All medication, including non-prescription drugs must be turned into the first aid director upon arrival.

List medicine student will be bringing: _____