Crossway Church Youth Group Waiver & Parental Consent Form
Emergency Medical Release and Liability Waiver

Participant's Name_____**Birth Date**_____

School Currently Attending_____**Grade**_____

Address_____**City**_____

Zip Code_____**Participant's Home Phone #**_____**Participant's Cell Phone #**_____

Participant's E-Mail_____**Family E-Mail**_____

Emergency Information

Mother's Name_____**Home #**_____**Cell/Alternate #**_____

Father's Name_____**Home #**_____**Cell/Alternate #**_____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name_____ **Relationship**_____

Home#_____ **Cell#/Alternate #**_____

Name_____ **Relationship**_____

Home#_____ **Cell#/Alternate #**_____

HEALTH CONCERNS (*Please identify any allergies (to include foods), health problems,* ***medications****, or other health concerns):*

_____

_____

_____

Family Physician: _____ **Phone #**_____

Dental Provider: _____ **Phone#**_____

Medical/Hospital Insurance Company _____ **Grp#**_____

Policy Holder's Name _____ **Policy #**_____

Additional Information that May Be Helpful _____

_____

_____

_____

_____

This authorization for Emergency Medical Treatment must be completed before participant can participate in any activities. Treatment for injury will be based on information provided herein.

DISCLAIMER

Crossway Church and its leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives (collectively referred to as "Crossway Church" or "Crossway"), are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with Crossway Church and all related activities associated with the Crossway Church, including injury, loss or damage.

ASSUMPTION OF RISKS

IN CONSIDERATION OF Crossway Church allowing me or my child to participate in events, activities, or travel with Crossway and all related activities associated with the Crossway, including participation in the Youth Group from **January 1, 20__ through January 1, 20__** inclusive, and all activities related to the Youth Group (collectively referred to as the "Activities"), I acknowledge that I am aware of the possible Risks, Dangers and Hazards associated with participation in the Activities including the possible risk of severe or fatal injury to myself or others.

RELEASE OF LIABILITY and AGREEMENT

IN CONSIDERATION OF Crossway allowing me or my child to participate in the Activities, I agree on behalf of myself and/or my child:

1. **TO ASSUME and ACCEPT ALL RISKS** arising out of, associated with or related to my or my child's participation in the Activities.
2. **TO WAIVE and RELEASE Crossway Church** from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child's participation in the activities due to any cause whatsoever.
3. **TO INDEMNIFY and HOLD HARMLESS Crossway Church** from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the activities.
4. **TO INDEMNIFY and HOLD HARMLESS Crossway Church** from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child's participation in the Activities.

YOUTH PARTICPATION CONSENT

Acknowledgment of Participant:

I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the instructions or directions of the persons in charge of the Youth Group, and to obey requests to comply with safety regulations as directed by the persons in charge of the Youth Group, including designated leaders and drivers of private or public transportation. I will be solely responsible for myself, will wear a seat-belt when available and will not disturb or distract the driver when using private or public transportation to travel to and from Youth Group activities. At all Youth Group sports events or other activities, I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment. I will not endanger the safety of others or myself at any activities, outings or sports events of the Youth Group or when using private or public transportation for travel to and from such activities. I also understand that I may be photographed or appear in video for such purposes as Crossway deems necessary.

Acknowledgment of Parent or Guardian of Participant:

We, the undersigned Parents or Guardians of the Participant, hereby authorize and consent to the Participant's involvement in the Youth Group, including any use of private or public transportation deemed necessary by the persons in charge of the Youth Group for Participant travel to and from Youth Group activities, or to the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY in the event that emergency or other medical treatment not available at the site of a Youth Group activity is deemed advisable. We hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, or illness during the activities of the Youth Group. We also understand that the participant may be photographed or appear in video for such purposes as the Crossway deems necessary.

ACKNOWLEDGEMENT and SIGNATURE

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my heirs, executors, administrators, successors and assigns. **I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT** and **I ACKNOWLEDGE THAT** by signing this agreement voluntarily, I am agreeing to abide by its terms and that during the time that my child is in your care, I am transferring to Crossway certain legal rights that my child or I may have.

This Consent, Authorization and Acknowledgment shall be effective from and including January 1, 20__ to and including January 1, 20__.

_____	_____
Signature of Parent or Guardian Date (*if Participant is under 18 years of age*)	Signature of Participant Date
_____	_____
Printed Name of Parent Date	Printed Name of Participant Date