

Year Graduating
from High School.

Crossline Community Church
MEDICAL/LIABILITY Release Form
Crux33 - Youth

Last Name (print) _____ First Name _____ Date of Birth ____ - ____ - ____

Address _____ City _____ Zip _____

Cell Phn:() _____ - _____ Home Phn #2:() _____ - _____ Email: _____

Parent Name: _____ Cell: #1 () _____ - _____ Other #2 () _____ - _____

Parent Email: _____ Emerg. Contact: _____ Emerg. Phn: #1 () _____ - _____

Family Doctor _____ Phone: () _____ - _____

Known Allergies: _____

Medical Conditions:

- Asthma
- Heart Condition
- Epilepsy/Nervous Disorders
- Diabetes
- ADD or ADHD
- Migraine Headaches
- Ear Infections
- Physical Handicap
- 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 Crossline Community Church as agent(s) for the undersigned to consent to any 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 physician and surgeon licensed under the provision of the Medicine Practice Act, 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 is given pursuant to the provisions of Section 25:8 of the Civil Code of California. 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 Crossline Community 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 Crossline Community 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 Crossline Community 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, surfing, 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.

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 and information that changes.