

Crossroads Church
Final Xcape
High School Permission Slip

Medical Release: I hereby authorize the treatment of my child by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said child is participating in a Crossroads Church program including transportation to and from that program.

Transportation Release: I also give my permission for my student to be transported in a church, rental, or private vehicle for the 2009-2010 year.

General Release: The undersigned or a member of the immediate family of the undersigned realizes that the participant may incur personal injury or bodily damage while participating in such activities, and acknowledges that the Church, its officers and its directors, and its employees, its agents and any parties volunteering on behalf of the Church, shall be held harmless from all actions, claims, costs, expenses or damages of any kind, growing out of or related to any activity of the Church. The undersigned or a member of the immediate family of the undersigned further acknowledges this is a full and complete release for all injuries and damages which the participant may sustain as a result of participation in any church activity.

I, _____ being the legal guardian of _____
give my permission for him/her to participate in church sponsored activities. Date: 2009-2010 year.

Please list any medication, allergies, or medical conditions we should know about

Parent/Guardian Signature

Date

Emergency Contact

Phone Number

Emergency Contact

Phone Number