

## **CROSS POINT - WAIVER AND RELEASE OF LIABILITY**

**IN CONSIDERATION** of my child, \_\_\_\_\_ being permitted to participate in Cross Point student ministry events for the calendar year of 2010/2011.

1. I give my express permission for my child to participate fully in the Cross Point Student Ministry's events for the calendar year of 2010/2011.
2. I assume all risks of my child's participation, including any risk associated with any special medical needs or conditions of my child\*.
3. I, \_\_\_\_\_ (print name of Parent/Guardian), for myself, my child, my child's heirs, personal representatives, and assigns, hereby release, discharge and agree to hold harmless the Student Ministry Leaders and Cross Point Community Church from all liability, loss, claims, demands and possible causes of action that may accrue from any loss, damage or injury to person or property in any way resulting from or arising in connection with or related to my child's participation in the above mentioned activities.

It is fully understood that this means that the Student Ministry Leaders and Cross Point cannot be sued if any personal injury is suffered by my child during the trip or if any property is damaged, lost, or stolen while my child is on this trip, except to the extent that such injury to person and/or loss of or damage to property results from a grossly negligent, intentional or malicious action, failure to act or omission by the Student Ministry Leaders or Cross Point.

4. Furthermore, I, on behalf of my child, as well as for myself hereby undertake to indemnify the Student Ministry Leaders and Cross Point against any and all liability, loss or damage for which the Student Ministry Leaders or Cross Point may be found liable as a result of claims, demands or judgments against them or any of them arising from any act or failure to act on the part of my child during the course of these activities.

It is fully understood that this means that if my child causes injury to another person or damages another person's property while on this trip, and the Student Ministry Leaders or Cross Point have to pay an amount to that person, the indemnities hereunder can recover the amount paid from the Parent/Guardian.

5. While the Student Ministry Leaders will make every reasonable effort under the circumstances to contact the Parent/Guardian in the event my child faces a medical emergency, Parent/Guardian hereby authorizes each of the adult Student Ministry Leaders to secure medical treatment by medical professionals, at my expense, for any injury or illness suffered by my child, as may be necessary to stabilize my child and to minimize additional injury or affects of illness during whatever time on this trip it takes to contact Parent/Guardian for further instructions.

\*NOTE: Special medical needs or conditions of my child  
include \_\_\_\_\_.

I have made appropriate arrangements regarding such medical needs or conditions.

**I HEREBY DECLARE THAT I HAVE READ THIS RELEASE AND INDEMNITY AGREEMENT  
AND ACCEPT THE SAME IN FULL ON BEHALF OF MYSELF, MY SPOUSE, MY CHILD, MY  
CHILD'S HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS.**

This Agreement is made as of this \_\_\_\_\_ day of \_\_\_\_\_, 2010 / 2011

Signature of Parent/Guardian \_\_\_\_\_

**EMERGENCY CONTACTS AND MEDICAL INFORMATION**

Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address:

\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian Home Telephone #: \_\_\_\_\_

Parent/Guardian Cell Phone #: \_\_\_\_\_

Emergency Contact/ Telephone #: \_\_\_\_\_

Pediatrician and Telephone # \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Health Insurance Co./ Policy Number: \_\_\_\_\_

Health Insurance Co. Phone Number: \_\_\_\_\_

**PLEASE CIRCLE THE CAMPUS YOU ATTEND:**

**BELLEVUE**

**DICKSON**

**NASHVILLE**

**NORTH**