

# **Crossing Student Ministries Permission Form, Medical Treatment Authorization, Release of Claims and Indemnity Agreement**

## **Permission**

The undersigned parent(s) or legal guardian(s) of \_\_\_\_\_ (hereinafter “my child”) hereby give permission for him/her to participate in any The Crossing at Woodland Fellowship (TCWF) program or event, including any Crossing Student Ministries (hereinafter “CSM”) program or event. These programs includes field trips and swimming outings and may also include transportation to and from such events, whether in the TCWF church vans, private volunteer driven cars, or buses leased by TCWF from professional transportation companies. I (we) understand that this grant of permission is not specific to one event, but shall include all events (“the events”) in which my child participates under the auspices of CSM.

## **Medical Treatment Authorization**

In case of injury to my child, whether during participation in the events, transportation to or from the events, or otherwise, I hereby authorize the healthcare professional selected to provide whatever medical treatment(s) he/she deems necessary to my child. Further, I agree to make a claim for any medical expenses thereby incurred on my (our) personal insurance in the first instance. I understand that TCWF maintains accident insurance that will apply in excess of any personal medical or dental insurance which I (we) maintain.

## **Release of Claims**

In consideration of TCWF and CSM’s agreement to permit my child to participate in the event(s), I (we) hereby release TCWF, its officers, employees, agents, servants, representatives, members, volunteers, including their family members (“the released parties”), of and from any and all past, present or future claims, demands, obligations, causes of action, costs, expenses and damages of any nature whatsoever, which may result from, arise in connection with, or in any way grow out of any injury to my child or damage to my child’s or my (our) property as a result of my child’s participation in the events, including bodily injury, death, property damage or other injury, and whether based upon a contract, tort, statutory or other theory, and whether for actual, compensatory, economic, non-economic or punitive damages. This release specifically extends to an includes claims and causes of action arising from the negligence or other fault of the released parties, or any of them, and includes all activities or omissions incidental to the events, including, but not limited to transportation, organization, planning, and supervision.

## **Indemnity Agreement**

I (we) further agree to indemnify and hold harmless the released parties against any and all claims arising out of any injury to my child as a result of my child’s participation in the events, including bodily injury, death, property damage or other injury, and whether based upon a contract, tort, statutory or other theory, and whether for actual, compensatory, economic, non-economic or punitive damages. This indemnity provision specifically extends to and includes claims and causes of action arising from the negligence or other fault of the released parties, or any of them, and includes all activities or omissions incidental to the events, including, but not limited to transportation, organization, planning, and supervision.

BY MY (OUR) SIGNATURE(S) BELOW, I (WE) ACKNOWLEDGE THAT I (WE) HAVE READ, UNDERSTAND AND ACCEPT ALL OF THE PROVISIONS ON THE FRONT SIDE OF THIS FORM, **INCLUDING THE MEDICAL TREATMENT AUTHORIZATION AND THE RELEASE OF CLAIMS AND INDEMNITY AGREEMENT.**

Parent or Guardian name(s): \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_  
(Please Print)

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company Name:: \_\_\_\_\_  
(Please Print)

Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

Benefits/claims Phone Number \_\_\_\_\_

Name of Insured: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This form is valid through (Date) \_\_\_\_\_

(NOTE: if you only want to fill this out once, please make the date your child's 18<sup>th</sup> birthday!)

**Publicity Release Form (Optional)**

The undersigned, being the parent(s) or guardian(s) of \_\_\_\_\_ do hereby give permission for him/her to be featured in any and all of The Crossing's promotional materials. I understand and consent to the use of my child's name and/or photograph to be used in TCWF promotional materials including, but not limited to newsletters, brochures, video, and the church's website.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date