

**Permission to Participate and Waiver**

I hereby give my permission for my youth \_\_\_\_\_ to go with Crossroads Community Cathedral on May 15, 2021 to Serve Saturday. Activities at the event may include but are not limited to the following: riding on the shuttle, painting, cleaning, exposre to weather, insects, food and any natual acts of God

I, on behalf of myself, my heirs, legal representatives, successors and assigns, (hereinafter "RELEASOR"), in consideration for my child being allowed by Crossroads to use its facilities, use its equipment and to participate in the event activities, hereby release it, its affiliates, successors, pastors and employees, (hereinafter "RELEASEES"), from any and all claims involving injury, damage or death resulting from risks inherent in the activities in which I and/or my child are about to engage in.

I represent that I and/or my child am physically fit, possess adequate skill to participate in the activity in which I am about to engage. RELEASOR agrees to indemnify and hold harmless the RELEASEES for all defense costs, fees, settlements, judgments, including attorney fees, arising out of any claim that is related to injuries caused by the inherent risks. I know that by signing this agreement, I am giving up legal rights, and I freely choose to sign this agreement. I have read and understood this entire document. I have not been forced to sign this agreement under duress or time constraints. I have been given an opportunity to speak with a representative of the releasees to discuss and questions that I might have and I have completed this form accurately to the best of my knowledge.

I authorize emergency treatment for my child who may become ill or injured at this event. If I am unable to be reached to authorize additional treatment for my child, the emergency contacts listed below have my permission to authorize medical treatment.

Name of Parent or Guardian signing this agreement \_\_\_\_\_

Signed \_\_\_\_\_ Dated \_\_\_\_\_

**In case of an emergency, please contact the following:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

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

Known Allergies / Food Allergies \_\_\_\_\_

Present Medications: \_\_\_ NO \_\_\_ YES IF YES, please list: \_\_\_\_\_

Any current conditions/limitations we should be aware of: \_\_\_ NO \_\_\_ YES IF YES, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Authorization to Take and Use Photographs**

I, \_\_\_\_\_, hereby grant to the Crossroads Community Cathedral (Crossroads), its representatives, and employees the right to take photographs and video of me and/or my child \_\_\_\_\_ (Participant) in connection with Participant's participation in the services and programs of Crossroads (Programs). Participant hereby authorizes the Crossroads to copyright, use, and publish the same in print and/or electronically. Participant hereby agrees that the Crossroads may use such photographs and video of Participant for any lawful purpose, including but not limited to publicity, illustration, advertising, and Web content.

Signed \_\_\_\_\_ Dated \_\_\_\_\_