

Participant's Name: _____

H₂O Youth Ministries
Crossover Community Church

PARTICIPATION AGREEMENT/WAIVER
FOR ALL CHURCH SPONSORED YOUTH ACTIVITIES

December 31, 2009 THRU December 31, 2010

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) _____

Cell Number: (____) _____

Date of Birth: _____

School: _____ Grade: _____

EMERGENCY CONTACT & MEDICAL RELEASE INFORMATION

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Other: _____ Phone: _____

Allergies (particularly food or insect allergies), **medical conditions or special needs:**

Height of child: _____ Weight of child: _____

INSURANCE INFORMATION

Insurance Company: _____

Family Physician: _____

Insurance Co. Address: _____

Policy Number: _____

Subscriber Name: _____

The back of this form must be signed by a legal guardian and dated for the participant to take part in any off-site activity.

Participant's Name: _____

I, the undersigned, understand that there are certain inherent risks in many activities that are beyond the control of the Crossover Community Church, its employees, agents, and staff. I have agreed for my child to participate in all church sponsored activities with full knowledge that there maybe unavoidable risks of serious injury, loss of life, and possible loss of personal property in some events. I am aware that I must consider the physical demands of each activity and will allow my child to participate in those of which they are physically fit to meet the demands of the selected activities. I understand that Crossover Community Church carries no medical insurance on participants and I gladly accept personal responsibility for treatment for all injuries.

For any outdoor activities, I hereby absolve and hold harmless the United States of America, the State of Tennessee, the State of Georgia, the United States Forest Service, and Crossover Community Church, of any and all liability as to any right of action or claim to relief that may accrue either to me or to my heirs or personal representatives for any injury, loss of life, or damage to or loss of property, as a result of my negligence while participating in these activities.

In case of medical emergency, if I cannot be contacted, I hereby give permission to the staff of the Crossover Community Church, to select a physician and/or hospital for my child's care. I also give to the physician and/or hospital, my permission to order injections, anesthesia, of surgery for my child as deemed necessary.

Parent Signature: _____

Date: _____

Participant's Name: _____

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