



**Annual Student Information and Waiver and Release Form (2015/2016)**

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's Names (if student) \_\_\_\_\_

Parent Address (if different than student): \_\_\_\_\_

Parent cell phone: Dad: \_\_\_\_\_ Mom: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier and Number: \_\_\_\_\_

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

Medications and dosage: \_\_\_\_\_

**Authorization:**

I \_\_\_\_\_ (printed parent's name) allow my child \_\_\_\_\_ to participate in all Crossroads United Methodist Church ("CUMC") activities both on the property of Crossroads UMC as well as trips, retreats, camps, and any other event off church property, and to be transported by adult servants to and from the activity. Activities may include, but are not limited to, the following: cookouts, boating, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, golfing, mini-golf, hayrides. The trip has been organized and will be accompanied and guided by CUMC leaders.

**Medical Release:**

I am confident that the adult leaders and sponsors will take appropriate care of my child and every effort will be made for his/her safety. However, I understand that accidents do occur, and in the event of an emergency, every effort will be made to contact me. In the event of an emergency, I hereby authorize an adult leader of the activity, as agent for me, to consent to any X-Ray examination, medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I, the undersigned parent and/or guardian of said child do release, acquit, discharge, and covenant to hold harmless and indemnify CUMC, its representatives, or activity leaders from any and all actions, damages, and liabilities arising out of any accident or sickness, or treatment thereof, incurred by said child during his/her participation in CUMC activities.

**Waiver of Liability:**

I, the undersigned parent and/or guardian of said child do hereby waive and release, indemnify, hold harmless and forever discharge CUMC and its agents, employees, and volunteers, of and from any and all claims, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or

unknown, in law or in equity, that I ever had or may have, arising from or in any way related to the participation of my child in any of the activities, transportation to and from, and/or any other events related to CUMC, provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful, or wanton misconduct.

**Consent to Photograph:**

I give CUMC, its representatives, employees, and/or volunteers to take, use, and reproduce any images of my child by use of photograph, videotape, or digital recording. I release from any liability the photographer and the Church, its employees and/or volunteers from all claims and liability relating to the taking and/or displaying of any photographs/videos of my child. I understand that I will be given no compensation for the use of any photograph and/or video and that these images may be used in promotions or other related marketing materials.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Annual Parent or Guardian/Student Conduct Agreement: (2015/2016)**

I \_\_\_\_\_ (printed name) promise to respect all of the boundaries of safety and respect for all Crossroads activities which include:

- a. I will not go in the rooms where members of the opposite gender are staying.
- b. I will use only language that is encouraging and respectful.
- c. I will be on time and listen to directions and schedules from others
- d. I will respect the leaders as we learn together.
- e. I will participate in each activity.
- f. I will not do anything illegal or smoke cigarettes.
- g. I will not do anything that puts me or others at unnecessary risk for personal injury (jumping from high places, messing with the camp fire, throwing things, tackling others when they're not expecting it, etc.)
- h. I will put the needs of the group ahead of my own, so as to not hinder another's experiencing of God.
- i. I will keep confidential and not share anything that is discussed in a group, outside of the group.
- j. I will report, in confidence, all safety concerns and situations in which issues of discipline are being compromised to any adult leader at the activity immediately.
- k. I will obey any other rules established by CUMC leader or sponsor involved.

I, \_\_\_\_\_, have thoroughly read and completely understand each requirement of this covenant; I will strive to follow all aspects of this covenant throughout my participation. I am also aware that my failure to adhere to any of these requirements will result in disciplinary action. Specifics of the disciplinary action are up to the discretion of the adult leaders and will be determined based on the details of the situation and the seriousness of the violation. However, I know that this disciplinary action may range from exclusion from activities or constant adult supervision to removal from the activity (at the expense of parent/guardian.)

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned parent/person having legal custody/legal guardian of the above-named child give permission for the child to participate in and travel with CUMC on all events for which we have registered for and I understand that I will be informed of all such activities. I agree to provide transportation back home for my child if he/she is found in violation of this covenant.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_