

MEDICAL/INDEMNITY/PHOTO/VIDEO PERMISSION RELEASE FORM

\* Bring original and a copy of this sheet for each student and adult participant to registration. \*
\* Please attach a photocopy of each participant's insurance card. \*

Name of Church: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M F Counselor: Y N

Age: \_\_\_\_\_ Grade Entering (Fall 2024) 7, 8, 9, 10, 11, 12, College: \_\_\_\_\_

T-Shirt Size (adult only): S M L XL XXL XXXL XXXXL

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

In case of an emergency notify: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Family Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_ Please attach a photocopy of participant's insurance card. Date of last Tetanus: \_\_\_\_\_

Check all that apply: Allergies: (food, drugs, insect stings/bites, etc.) \_\_\_\_\_

[ ] Asthma \_\_\_\_\_

[ ] Sinusitis \_\_\_\_\_

[ ] Kidney Trouble Previous Operations or serious illnesses: \_\_\_\_\_

[ ] Heart Trouble Any current medications you are taking (list): \_\_\_\_\_

[ ] Diabetes \_\_\_\_\_

[ ] Other: \_\_\_\_\_

Permission for Treatment, Photo/Video Notice, and Indemnity

Assumption of Risk: I am aware of the risk associated by or with participation in this camp. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death that may result from participation from camp activities.

Cross Camp Wreck: Recreation is offered to build community amongst your group in a fun but in an environment with safety as a priority. It will include physical and challenging activities that may include running, lifting, climbing, descending, carrying, moving, jumping or working with other people during physical activity. Activities may create elevated heart and respiratory rates and require physical exertion. Additionally, unforeseen weather or forces of nature could be encountered during recreation activities.

Photography/Video Acknowledgment: Throughout the event there may be photographs and video taken for marketing and promotional purposes. I acknowledge that and grant permission for such media to be used in promotional materials.

Release and Indemnity: I acknowledge and agree that I or my agents hold harmless, release forever, and agree not to sue Cross Camp, INC, it's leadership, agents, venues, locations, community partners, volunteers, sponsors from any and all claims or demands related to personal injury, sickness, and even death, as well as any property damage or related expenses, incurred by my participation or my minor child during Cross Camp. In the event of a medical need, I understand that the authorized agent of the church is responsible for care and decisions related to medical needs including, but not limited to medical consent, care, transportation, and communication with the home church and family. Any and all medical expenses that could be incurred if medical is needed are my sole responsibility and I release liability and understand that I or my minor participate in any and all activities at will.

Understanding: I acknowledge that I have read and understand this waiver and release and all its terms, and my signature below represents that understanding and I freely relinquish legal rights, I have had the opportunity to obtain any and all counsel if needed and that by my signature, I understand and accept this agreement in full. Furthermore, it is understood that a copy of this form is treated as authentic and binding as the original.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Custodial Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTARY PUBLIC

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, personally appeared before me \_\_\_\_\_, personally known by me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission expires \_\_\_\_\_ Signed: \_\_\_\_\_