LIABILITY RELEASE FORM

Release of All Claims

In consideration for being accepted by ***Crossroads Community Church*** for participation in a Short Term Outreach to ***Location***, I/we, being 21 years of age or older, on behalf of myself (on behalf of our/my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless ***Crossroads Community Church*** and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by me (our/my child participant) while I am (our/my child is) participating in the above described trip or activity.

Furthermore, I (I/we on behalf of my/our child participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to ***Crossroads Community Church*** to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said organization, its directors, employees and agents, for any liability sustained by said organization as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and we (I) assume the responsibility of any and all medical bills.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

If participant is under 21 years of age, *both* parents must sign unless parents are separated or divorced, in which case the custodial parent must sign.

_____
Type or print name of participant

_____
Signature of participant **Date**

_____
Participant's telephone

_____
Emergency Phone Numbers

_____
Pastor's name & telephone

Hospital Insurance _____ Yes _____ No

_____
Name of Insurance Company

Physician _____

_____
Father **Date**

_____
Mother **Date**

_____
Legal Guardian **Date**

_____
Parent/Guardian

_____
Emergency Phone numbers

Physician's Phone_____