

Yearly Release Form - Youth & Children - Crossroads Baptist Church - 2016

PARTICIPATION

As the parent (or legal guardian), I undersigned, certify that my child, named below, has my express permission to participate in any activities, of any nature, sponsored by Crossroads Baptist Church for which he/she is registered. Please list applicant t-shirt size here (if applicable): _____

LIABILITY RELEASE

Knowing that Crossroads Baptist Church will always seek to act responsibly, I fully release Crossroads Baptist Church, its authorized representatives, and staff from all liability of any kind and character upon any claim, demand, or cause of action, which might be asserted in our behalf against said church, representatives, or staff.

MEDICAL RELEASE

It is my understanding that Crossroads Baptist Church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church leaders to seek the care of a doctor or other health-care professional, and I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I understand I will be responsible for any medical expenses. I will notify the church leaders if I feel there are any health considerations that would prevent my child's participation in any activity. I also give my permission for the church leaders to restrict my child from participation in any activity about which they have any hesitation due to health, or other reasons.

Please list Allergies and other Medical Information here:

***Please attach a copy of insurance card for our records**

PHOTOGRAPHY

By signing this document, I also acknowledge that my child's photographs may be used in any responsible fashion by Crossroads Baptist Church, in its sole discretion, including but not limited to publications, videos, and websites. Please check the box that applies:

- Yes, you may use my child's photographs
 No, you may not use my child's photographs

TRAVEL

My child has permission to ride in the church van or private vehicles with whomever the leadership of Crossroads Baptist Church has deemed qualified according to Crossroads Church policy.

Name of child _____

Name of additional emergency contact _____ Phone _____

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

Acknowledgment of Individual

STATE OF TENNESSEE
COUNTY OF _____

On this _____ day of _____, 20 ____, before me personally appeared _____, to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that such person (or persons) executed the same as such person (or person's) free act and deed.

Notary Public _____ Commission Expires: _____

Printed Name: _____