CROSSPOINT
Participant Permission - Medical Release

THIS FORM IS FOR ALL 2024 CROSSPOINT MINISTRY ACTIVITIES, EVENTS, RETREATS AND TRIPS

Name of Participant_____D.O.B. _____ Age _____School Grade _____

Name of Parent(s)/Guardian_____Phone_____Alternate Phone_____

Address_____City_____State_____Zip_____

EMAIL ADDRESS (REQUIRED) _____

Covid – 19 Statement:
The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms, spreading the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

CrossPoint cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 while attending any CrossPoint trip or event. It is not possible to prevent the presence of the disease. Therefore, if you choose to attend any CrossPoint trip or event you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to attend a CrossPoint trip or event. These trips and events are of such value to me that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 to attend them.

_____ (initial saying you agree with **COVID-19 Statement**)

Permission:
- I do hereby verify the information given on this form is correct.
- I do hereby give permission for my above-named child to participate in and to be transported from **ALL** activities, events, retreats, or trips sponsored by CrossPoint a Southern Baptist Church, Trussville, AL during 2023.
- I understand that this permission/release will apply to all planned activities, events, retreats, or trips sponsored by the CrossPoint a Southern Baptist Church during the 2024 year.
- I understand that, in the case of an emergency CrossPoint employees, agents and/or sponsors will make every effort to contact me and/or the contact person named below, however.
- Should the named contact person, or myself, be unavailable to make decisions regarding my child's care, I do hereby grant permission for CrossPoint employees, agents, and/or sponsors to obtain emergency medical attention in case of sickness or injury, to my child.
- Should the named person or myself, be unavailable to make decisions regarding my child's care, I do hereby grant permission for an attending physician or hospital to perform whatever care is deemed necessary by CrossPoint employees, agents and/or sponsors for the welfare of my child.

Hold Harmless:
In consideration for you allowing my child to go on said activities, events, retreats, or trips:

- I hereby release, absolve, indemnify, hold harmless, and forever discharge CrossPoint, its employees, agents, organizers, sponsors, or any supervisors appointed by them from any and all claims, demands, actions, or cause of actions, past present, or future arising out of injury or damage to my child while participating in any activity, event, retreat, or trip.
- I assume all risks and hazards incidental to the conduct of the activities, events, retreats, or trips and

transportation to and from these activities, events, retreats, or trips. In case of injury to my child, I hereby waive all claims against CrossPoint, its employees, agents, organizers, sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting my child to and from said activities, events, retreats, or trips.

- I agree that any dispute, claim, question, or disagreement arising out of or relating to said activities, events, Retreats, or trips, which cannot be otherwise resolved shall be submitted to mediation and if necessary, legally binding arbitration as adopted by the Administrative Pastor and legal counsel. As a result, I expressly waive any rights at law and equity to bring any civil matter before a court of law, except that judgment upon the award rendered by the arbitrator may be entered in any court that has jurisdiction thereof.

- I agree to provide medical insurance for my child.

Photography Consent:
I understand that CrossPoint regularly photographs, videotapes, or records by other visual or sound recording devices during our worship services, Sunday school, and other church-sponsored activities, events, retreats, and trips. In consideration for allowing my child to participate in said activities, events, retreats, and trips, I consent to my child's photograph, likeness, or image being used by CrossPoint in video presentations, publications, on their website, or in any other lawful manner.

Medical Insurance Information:

Family Insurance Company _____ Policy # _____

Family Physician _____ Phone _____

Check the applicable box and give the appropriate information below:

☐ None ☐ Heart Trouble ☐ Bronchitis ☐ Kidney Trouble ☐ Dizziness

☐ Diabetes ☐ Stomach Upset ☐ Asthma ☐ Sinusitis

Allergies: List _____

Other medical conditions or medications that we need to be aware of _____

Immunization: Tetanus: Date Received _____

Emergency Notification If I am unavailable in the case of an emergency please notify:

Name_____Phone_____Alternate Phone_____

_____ _____
Signature of Father, Mother, or Legal Guardian Date

Sworn to and subscribed before me this_____ day of _____ 20__.

Notary Public _____

My commission expires _____

If you choose to revoke this permission/ release later, it must be done in writing.