

Crossroads Baptist Church

2025 Permission/Release Form

I/We _____ and _____
hereby give permission for _____ to participate in Crossroads Baptist Church activities and transportation related to those activities for the 2025 calendar year.

I/We agree that it is our responsibility to become aware of the activities and transportation associated therewith this individual as he/she seeks to participate in events, programs, and/or activities connected to CBC throughout the period of this release. I/We understand the nature and risk level of the activities in which the individual will be a participant. I/We also give permission for the participant to ride in vehicles used by CBC for transportation. I/We authorize any staff member or chaperone of CBC to administer necessary first aid and/or procure necessary medical aid at or from any licensed medical facility or physician's office. I/We also authorize the selected physician(s) and/or medical facility to provide such medical treatment as necessary for the above individual. I/We further agree to be responsible for any medical expenses, and/or property damage incurred on behalf of/or by the above participant. I/We assume all risks and hazards incidental to the conduct of the activities and transportation related to all CBC events, programs and or activities.

I/We do hereby release, absolve, indemnify and hold harmless CBC, its agents, officers, organizers, sponsors, supervisors, employees, and/or volunteers from any and all loss, injury, or other damage to us, and/or any individual included but not limited to the above-named participation. In case of injury to the participant, I/We hereby waive all claims against CBC, its agents, officers, organizers, sponsors, supervisors, employees, and/or volunteers. I/We likewise release from responsibility any person transporting our child to and from CBC events, programs, and or Activities.

PERSON INFORMATION:

Name: _____

DOB: ____/____/____ Age: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip Code: _____

EMERGENCY CONTACT INFORMATION:

Parent/Guardian: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Secondary Contact: _____ Relationship: _____

Home Phone: (____) _____ Cell Phone: (____) _____

INSURANCE INFORMATION:

Insurance Co.: _____

Insurance Co. Address: _____

Insurance Co. Phone: (_____) _____

Group #: _____ Policy #: _____

Cardholder: _____ Relationship to Cardholder: _____

PERSONAL MEDICAL INFORMATION:

Physician's Name: _____ Phone: (_____) _____

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or Special Instructions (Allergic to certain meds, rare blood type, wears contact lenses, etc.): _____

List ALL medications taken on a regular basis and/or any brought with you. Prescription medications MUST have a pharmacy label and name of doctor.). Also, please complete a MEDICATION ADMINISTRATION CONSENT FORM.

The health History is correct so far as I know. The participant herein described has permission to engage in all prescribed actives except as follows: _____

I/We grant Permission for my/our child's picture to be used for promotional purposes: YES. NO
(circle one)

This form will constitute permission for the 2025 calendar year. I/We swear or affirm that I/We am/are the sole individual having legal custody of the above named participant, and there is no other living person, or entity who has sole or joint custody or parental rights of this participant.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____