

Medical Release Form 2010

This form is required for all minors participating in Cross Pointe ministries that are off-campus, and is valid for the calendar year 2010.

Participant's Name _____

Parent's Name _____ Home Phone _____

Parent's Work Phone _____ Family Physician _____

Insurance Company _____ Policy Number _____

Name of Person (other than Parent or Guardian) authorized to act for parent in an emergency:

Name _____

Work Phone _____ Home Phone _____

Allergies (including drugs) _____

Please list any medications to be taken by participant and frequency _____

Special Instructions or Information _____

Medical Release (Please read thoroughly before signing)

The undersigned signatory(ies), on his or her own behalf and on behalf of the Participant named above, his or her personal representatives, assigns, heirs, and next of kin (collectively (the "Participant"), acknowledges and agrees that in the event circumstances call for medical treatment of any nature whatsoever with respect to the Participant, CROSS POINTE, THE CHURCH AT GWINNETT CENTER, INC., a Georgia nonprofit corporation, its officers, directors, members, agents, employees, volunteer personnel and/or independent contractors, assigns, and successors (collectively the "Church"), is authorized to take such measures and arrange for such medical treatment and care, including without limitation, emergency and urgent care clinics, physicians, hospital and hospital emergency room treatment or otherwise, as the Church deems advisable for the health and well being of the child.

In connection therewith, and in consideration of being permitted to participate in certain children's or youth activities sponsored by the Church, Participant releases, discharges, indemnifies, defends, holds harmless, waives, and discharges the Church from any and all liability to the Participant for any and all losses, claims, damages, actions or right of action of any kind or nature, either in law or in equity, on account of or arising from any bodily injury, known or unknown, or death of Participant and/or any injury to the property of the Participant on account of first aid, medical treatment or service rendered to the Participant. Releasor agrees to indemnify, defend, and hold harmless the Releasees from any loss, liability, damage, claim or cost Releasees may incur on account of first aid, medical treatment or service rendered to the Participant, including without limitation, reasonable attorneys' fees, litigation expenses and court costs, unless caused by the gross negligence or wanton misconduct of the Church.

I attest to the fact that the above named child is covered by an insurance policy covering illness and injury. I accept all financial responsibilities concerning any medical emergency. I also accept responsibility to have my child picked up immediately in the event of illness, accident, or for disciplinary reasons.

I understand that this is not a permission slip allowing the above named individual to participate in the activity but that this is a MEDICAL RELEASE FORM.

Signature of Parent/Guardian _____ Date _____

Print Name _____ Relationship to Participant _____