



Entered into Elvanto
 Assigned to a small group
 Which? _____
 Parent email entered into group distribution

PRINT CLEARLY

NOTE: In an effort to eliminate parents/guardians from having to complete waiver forms each year, this form will stay in effect & the permissions granted will continue for the entire duration of time that your child(ren) participates in RUSH youth group activities.

Student #1: _____ Grade _____ School _____
LAST FIRST MIDDLE

Birth Date _____ Gender: _____ male _____ female Allergies? _____

Student email address (if none, leave blank): _____ Student cell (if none, leave blank): _____

Student #2: _____ Grade _____ School _____
LAST FIRST MIDDLE

Birth Date _____ Gender: _____ male _____ female Allergies? _____

Student email address (if none, leave blank): _____ Student cell (if none, leave blank): _____

Student #3: _____ Grade _____ School _____
LAST FIRST MIDDLE

Birth Date _____ Gender: _____ male _____ female Allergies? _____

Student email address (if none, leave blank): _____ Student cell (if none, leave blank): _____

What is the name of the church the student's family attends? (If student's family does *not* attend a church, write "none") _____

Home Address: _____

City _____ State _____ Zip code _____

Mother/Guardian Name _____

Father/Guardian Name _____

Cell _____

Cell _____

Email Address _____

Email address _____

Media Release

I hereby grant permission to Crossroads Community Church to use my child(ren)'s photo on their website(s) or in any other official publications, promotional materials and videos, and I acknowledge Crossroads Community Church's right to crop or treat the photo at their discretion. I also understand that once the image is posted on a website, Facebook or newsletter, the image can be downloaded. Therefore, I agree that Crossroads Community Church is not held responsible for such occurrences. My permission is granted for the entire duration of time that my child(ren) participates in RUSH youth group activities.

_____ Yes, I accept this media release

_____ No, I do not accept this media release

Permission To Transport Off-Site

I hereby grant permission to Crossroads Community Church (including but not limited to RUSH leaders and/or volunteer parents) to transport my child(ren) off-site for activities such as but not limited to Scatter Nights, service projects, small group gatherings and/or leader/student meetings. My permission is granted for the entire duration of time that my child(ren) participates in RUSH youth group activities.

_____ Yes, I give my permission to Crossroads Community Church to transport my child(ren) off-site

_____ No, I do not give permission to Crossroads Community Church to transport my child(ren) off-site

Ibuprofen

I hereby grant permission to Crossroads Community Church to give my child(ren) Ibuprofen if requested (*if participant is under age 18*) _____ YES _____ NO

Medical Waiver

The student(s) listed on the front of this form has/have my permission to participate in all RUSH Youth Group activities and events organized and/or hosted by Crossroads Community Church. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Crossroads Community Church and its staff of any liability against personal losses of myself/named child. My consent/permission is granted for the entire duration of time that my child(ren) participates in RUSH youth group activities.

I/We the undersigned have legal custody of the participant(s) named above, a minor(s), and have given our consent for him/her/them to participate in all RUSH Youth Group activities being organized by Crossroads Community Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Crossroads Community Church, its employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of our child(ren)'s involvement. In the event that he/she/they are injured and require the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Crossroads Community Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

Parent/Guardian Signature (*if student(s) is/are under age 18*) _____

Date _____

Student's Signature (*if 18 years old or older*) _____

Date _____