



Middle School

LIABILITY RELEASE AGREEMENT

To be filled out by ALL trip participants (youth and adults)

Participant Form D

Name of Participant (please print) _____

MIDDLE SCHOOL MISSION TRIP -- Ft. Wayne, IN June 28-July 3, 2015

Liability Release Agreement

I/we understand that there are inherent risks involved in any mission trip. Such risks may include, but are not limited to, the risk of injury from transportation, physical activity in construction activity or otherwise, exposure to disease or other illness, violence due to political instability, terrorism, or criminal activity as well as similar & dissimilar risks (herein the Risks.). Being fully informed of the inherent risks of this mission trip, I/we hereby release Uncharted International and Crossroads Christian Church as well as its officers, directors, staff and volunteer workers from any and all liability due to any injury, loss, or damage to person or property that may occur during the course of my/our involvement with the Uncharted International/Crossroads Christian Church Trip.

Transport Home Agreement

I/we, the undersigned, are the parents having legal custody or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a mission trip organized by Uncharted International & Crossroads Christian Church, or are of legal consenting age myself. I/we understand that a member of the Uncharted International staff or Crossroads Christian Church staff or the lead adult of our group may need to send a participant home as a result of medical issues or disciplinary action. I/we understand if the participant named above is dismissed from the mission site, I/he/she will be transported home at my/our expense. The lead adult of our group will contact the parent or guardian to arrange such transportation.

Video/Photography Usage Agreement

By signing this form, I, as parent/guardian, do hereby grant and convey to Crossroads Christian Church, its partners and affiliates, all right, title and interest in any and all photographic images, video and audio made by Crossroads Christian Church during for participation in activities identified by or related to this form. This includes, but is not limited to royalties, proceeds or other benefits derived from such materials. I also understand and consent to the photographing or videotaping of myself or my child during the time I/we are with Uncharted International for use in Uncharted International promotional materials.

The undersigned is fully aware of the risks and other hazards inherent to the mission trip and is voluntarily participating in the mission trip, and voluntarily assumes the Risks and all other risks of loss, damage, or injury that may be sustained by the Individual while participating in the mission trip.

Furthermore, I, as parent/guardian, for myself and the named participant on this form, and on behalf of my estate, heirs, executors and administrators do hereby fully release and discharge Uncharted International & Crossroads Christian Church, including their partners and affiliates, from any and all liabilities, claims, obligations, damages and causes of action whatsoever arising or growing out of my travel and/or participation in the programs of Crossroads Christian Church.

READ BEFORE SIGNING

Participant signature _____ Date ____/____/____

Print Participant's name _____

Parent signature _____ Date ____/____/____

Print Parent's name _____



MEDICAL RELEASE

To be filled out by ALL trip participants (youth and adults)

Participant's name (please print): _____

Address: _____

City: _____ State _____ Zip _____

Parent/Guardian contact number _____ (mobile)

Parent/Guardian contact number _____ (home)

Date of Birth ____/____/____ Gender: Male Female

E-mail address: _____

Please check if you suffer from any of the following medical conditions:

- | | | |
|--|---|---|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Bleeding Disorders |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Seizures | <input type="checkbox"/> Insect Allergies |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Chronic Anxiety |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraines | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Gluten Allergies | <input type="checkbox"/> Other _____ |

List any medications (prescription or OTC) currently being used (if necessary, attach any extra instructions to this form).

Please list any allergies (include food, medicine, insect, outdoors):

Emergency Contact Information

1) _____	2) _____
Relationship to Participant _____	Relationship to Participant _____
Home phone _____	Home phone _____
Work phone _____	Work phone _____
Cell phone _____	Cell phone _____

Insurance/Medical Information

Insurance Company _____ Company Phone _____

Company Address _____

ID #: _____ Group #: _____

Name of Policy Holder _____

Policy Holder's Phone _____

Name of Primary Physician: _____

Office Phone: _____

Medical Release Agreement

I/we the undersigned, are the parents having legal custody, or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a mission trip organized by Uncharted International & Crossroads Christian Church or are of legal consenting age myself. In the event that I/he/she is injured while attending the trip and requires 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 called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize **Mark Silen**, the lead adult of our group, or a member of the Uncharted International staff or Crossroads Christian Church staff, or board to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, 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 so long as the treatment is administered by or under the supervision of a licensed physician. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above at the time of the mission trip.

The undersigned warrants that he or she (and parents or guardian) has fully read and understands this Medical Release Agreement and voluntarily signs the same, and that no oral representations, statements, or inducements apart from the foregoing written agreement have been made to the undersigned.

I also understand that I am responsible for all medical bills related to such activity. Should it be necessary for me to return home due to medical reasons or disciplinary action, I will assume total responsibility for all transportation costs to and from the event.

Signatures

Participant/Adult Leader (Print) _____

(Signature) _____ Date _____

Father/Guardian (Print) _____

(Signature) _____ Date _____

Mother/Guardian (Print) _____

(Signature) _____ Date _____