



**RELEASE OF LIABILITY, PHOTO RELEASE, AND CONSENT TO MEDICAL TREATMENT**

- 1. Release of Liability.** I, for myself, my minor child and for the child's other parent and/or guardian, hereby release, waive, discharge, and covenant not to sue Crossroads United Methodist Church, and its officers, directors, employees, agents, volunteers, heirs and assigns of and from all liability, loss, claims, demands, possible causes of action, court costs, attorneys' fees and other expenses arising from any lawsuit that may otherwise accrue from any loss, damage or injury to my child's person or property in any way resulting from or connected with my child's attendance at Awana, including, without limitation, the failure of anyone to enforce rules and regulations, failure to make inspections, or the negligence of other persons.
- 2. Photo Release.** I give permission for my child's photo, which may be taken during the week, to appear in local newspapers. I give permission for my child's photo and/or video, which may be taken during Awana, to appear on the church website, [www.crossroads4all.org](http://www.crossroads4all.org).
- 3. Consent to Medical Treatment.** In the event my child becomes ill or injured, I give my permission for a representative of Crossroads United Methodist Church to take whatever steps are reasonably necessary to render emergency first aid to my child. I also consent to such emergency medical treatment as may be reasonably necessary to insure the health and welfare of my child including, but not limited to, x-rays, anesthetic, medical or surgical diagnosis and treatment, hospital care and administration of drugs or medicine under the care of a licensed physician and/or surgeon.
- 4. Awana Contact Permission Authorization.** Occasionally your child's handbook leader would like to contact you and your child to see how they are enjoying club and if they need help in completing their handbooks. Your child's handbook leader would also like to send written correspondence such as "Get Well" cards and a "Birthday Card". By signing below you are giving your child's handbook leader written permission as the legal parent/guardian to contact you and your child, by written communication and by telephone to discuss club activities.

\_\_\_\_\_  
Signature of Parent/Guardian (required)

\_\_\_\_\_  
Date

**Emergency Information & Pickup Authorization**

(Parent /guardian to call for emergencies and/or those allowed to pickup your child from club)

#1 Contact \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone # \_\_\_\_\_

#2 Contact \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone # \_\_\_\_\_

#3 Contact \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone# \_\_\_\_\_

#4 Contact \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone# \_\_\_\_\_

Preferred Doctor \_\_\_\_\_ Phone: \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

**(Remember as a parent of a Cubbie (3 & 4 yr olds) one parent should be in the church building during club hours until your Cubbie is comfortable with the club routine.)**

**Volunteer Opportunities** (Please check all that apply)

Mother / Father

\_\_\_\_\_/\_\_\_\_\_ I would like to help in Awana every week.

\_\_\_\_\_/\_\_\_\_\_ I can listen to children recite verses every 4 – 6 weeks (You will be contacted to schedule your times)

\_\_\_\_\_/\_\_\_\_\_ Please call me if you are shorthanded on any particular night.

**Checks must be sent with registration**

*\*\* Scholarships available by request*

*Make checks payable to Crossroads United Methodist Church*

**Mail to:** Crossroads United Methodist Church, 1420 North Main Street, Washington, IL 61571

**Call:** 444-2381    **Web Address:** [www.crossroads4all.org](http://www.crossroads4all.org)    **Email:** [Awana@mtco.com](mailto:Awana@mtco.com)

Questions : Contact Julie Puckett 309-678-7142 or Kris Ross 309-265-5475