

Myers Park Presbyterian Church CROSS Mission Program

Medical and Liability Release Form

Youth and Adult CROSS participants please fill out the following section:

Note to Participants: This form (1) waives Myers Park Presbyterian Church from all liabilities from damage, injury, illness, death to CROSS participants (2) gives the CROSS staff and your group leader's authorization to secure medical aid for your youth should it be necessary.

I/We the undersigned parent(s) or guardian(s) of (youth participant) _____ or the adult participant (adult participant) _____ hereby acknowledge that participants will be participating in the CROSS Mission experience or related activities and will be using facilities at the mission team participants' own risk. I/We on our own behalf, hereby release, discharge and indemnify Myers Park Presbyterian Church, its directors, officers, employees, agents and all volunteer personnel from all liabilities, claims and causes of actions or action of any type whatsoever arising out of or in any way connected with my participation in the activities of CROSS Mission, including but not limited to liabilities of damage, injury, illness and death to the mission participants or their property during their participation in or travel to or from any CROSS Mission experience or related event. I/We agree to pay any and all expenses incurred by group participant for damage, injury, illness, accident, and death.

I/We the undersigned hereby authorize any hospital, clinic, physician, doctor, nurse, or technician to furnish my youth, named above, any medical care and treatment necessary as a result of injuries sustained, or other emergency medical care and treatment as the circumstances require, while at the church, while being transported from and back to the church, and while at the place of destination. I/We the undersigned further authorize a representative of Myers Park Presbyterian Church or _____ (your church name) to retain or acquire said medical care and treatment in behalf of the undersigned as if personally done by me/us.

This ____ day of _____ (Month), _____ (Year).

Emergency Contact: _____ Relation: _____

Home Address: _____

Phone Number: HOME (____) _____ Work Number of Contact stated above (____) _____

Participant Name: _____

Insurance Information: _____

Group Number: _____

Physician: _____ Phone #: (____) _____

Please circle if you have been or being treated for any of the following:

Diabetes	Elevated Cholesterol	Asthma	Other: _____
High Blood Pressure	Back Pain	Heart Disease	
Epilepsy	Muscular Problems	Arthritis	Date of last tetanus shot: _____

Please list all medications that you are currently taking: _____

ALLERGIES: _____

By signing below, indicates I have filled out the above information correctly and will abide by the GROUP COVENANT accompanying this form. I also permit the taking and use of photographs, audio, and video of my children/myself at Myers Park Presbyterian Church to be used in church publications and materials only. I relinquish any right to examine and approve the completed materials prior to publication and release Myers Park Presbyterian from any liability.

Signed, CROSS participant (adult and youth) _____

Parent(s)/Guardians(s) of youth under 18 only _____