

CONSENT AND MEDICAL RELEASE

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Phone Number _____

Name _____ Relationship _____

Phone Number _____

**RELEASE OF LIABILITY FOR MINOR PARTICIPANTS
READ BEFORE SIGNING**

IN CONSIDERATION OF my child/ward being allowed to participate in any way in the **Cross Church Youth Summer Camp July 13th -17th, 2024** related events and activities, the undersigned acknowledges and agrees that:

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, an/or emergency care facility, whether such diagnosis or treatment, and hospital care, to be rendered at the office of said physician or at said hospital.

We (I) do herewith authorize the treatment by this authority, and it is granted only after a reasonable effort has been made to reach us (me), the parent(s), and/ or guardian(s).

We (I) understand shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume transportation costs.

My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the named participant(s). My signature also serves to indicate my willingness for my **Health Insurance Company** _____ **Policy #** _____ to be billed for any and all medical fees and services should they be needed. **Pediatrician Name is** _____.

We (I) hereby release and agree to hold harmless *The Cross Church* from this liability.

The undersigned does hereby release and agree to hold harmless The Cross Church I and their directors, employees, agents, or representatives from any and all liabilities or claims of personal injury, illness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by our (my) son/daughter that occur and/or while said child is participating in the named camp program and its activities.

_____/_____/_____
(Parent/ Guardian **Signature**) Parent/ Guardian **Printed** Name (Date)

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