EPIC/CrossWinds Summer & Fall Medical Release/Waiver Form

This form will cover all EPIC events from July –December 2010, including but not limited to:

-Overnighters - Movie nights -Hang out time -Service Projects -CORE Team Trips
-EPIC "HALLOWEEN HAUNT" -Any EPIC trip within 100 miles of Crosswinds Church

I understand that no matter how well planned there may be inherent dangers and risks in conjunction with these trips, known or unknown, relating but not limited to land, water, or transportation; field outings, swimming, walking, or other activities; accommodations; accidents; illness; availability or adequacy of medical care or rapid evacuation; terrorism, strikes; or any Act of God. This release is intended to discharge in advance CrossWinds Church, including all of its directors, officers, agents, volunteers, sponsors and employees (collectively referred to as CrossWinds), from and against any and all liability arising out of or connected in any way with my or my child/legal guard's participation in the above activities, including without limitation injuries to person (whether or not resulting in death) and/or damage or loss to property, even though the liability may arise out of active or passive negligence or carelessness on the part of the person or entities mentioned above. Furthermore, as part of the consideration in participating in these events, I hereby agree that I, my heirs and assignees will not make claim against, sue, attach the property of, or prosecute CrossWinds and any sponsor, or any affiliate organization for injury person (whether or not resulting in death) or damage resulting from active or passive negligence, carelessness or other acts, howsoever caused by CrossWinds or its affiliates, as a result of my participation in the above activities. I agree that in the unlikely event that any dispute arises between CrossWinds and myself, the dispute shall be governed by California law and resolved in a state or federal court sitting in Alameda County, California. In the event that the above named individual is a minor, I certify that I am the legal parent or guardian of the above participant, that he/she is in good physical condition and I give my permission for him/her to participate in the above activities. I hereby grant permission to CrossWinds to take my or my child/legal guard's photo while participating in activities or programs to use for publicity. Each adult participant registering on this form requires a signature. One parent/guardian may sign for all minors. I understand that my signature is a legal and binding signature and will be considered original if received by fax.

My son/daughter, listed below, has my permission to attend these Crosswinds Church Events. He/she will be riding on CWC provided transportation, unless
prior arrangements have been made by CWC staff. I understand that if discipline issues arise, CWC reserves the right to send my student home at my expense.

Student Name _____ Age _____ Signature _____

DOB ____/_____/_____ Circle One: M or F Grade _____ School _____ Home Phone _____ Cell _____

Email _____ I came to EPIC with _____

Mother's Name _____ Home Phone _____ Work _____ Cell _____

Father's Name _____ Home Phone _____ Work _____ Cell _____

Address _____ City _____ State _____ Zip _____

Insurance Co. _____ Policy # _____ Doctor _____ Phone _____

Emergency contact (other than parent/guardian) _____ Phone _____

Special Medical Conditions of Minor (Such as Diabetes, Allergic Reactions, Medications currently using): _____

_____

May Tylenol, Benadryl, Cough drops or Tums be administered? _____ Yes _____ No Last Tetanus Shot? _____

The undersigned, being either a parent with legal custody or the legal guardian of the minor whose name appears below (the "minor"), hereby authorize any adult person at Crosswinds Church of Dublin, California into whose care the minor has been entrusted to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, dental diagnosis or treatment, and/or hospital care to be rendered to the minor under the general or special supervision and under the advice of a physician and surgeon or dentist licensed under California law. The parent hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by the agent under this authorization. The authorization is given pursuant to California Civil Code section 25.8 and shall remain in effect during the dates above. The parent hereby authorizes any hospital which has provided treatment to the Minor to surrender physical custody of the Minor to the gent upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

Signature of Parent/Guardian _____

Print Name _____ Date _____