

# EPIC/CrossWinds Spring 2010 Medical Release/Waiver Form

**This form will cover all EPIC events from January-June 2010  
including but not limited to:**

**-EPIC & STUFF WINTER GETAWAY      -SPRING BREAK BELIZE TRIP      -"In the City"  
-CORE Team events/trips      -Any other EPIC trip/event 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 Information- PLEASE COMPLETE

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Signature \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Circle One: M or F Grade \_\_\_\_\_ School \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Student 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 \_\_\_\_\_

Relationship to Student (Neighbor/grandparent, family friend, etc.) \_\_\_\_\_

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

May Tylenol, Ibuprofen, 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 \_\_\_\_\_