

Medical Release

I, the undersigned, certify that I am the parent or legal guardian of the below-mentioned child(ren). I hereby give my consent to have my minor child(ren) participate in VBS at Crossroads Christian Church, Joliet, IL. Participants will be accompanied by a background-checked adult leader (includes but not limited to staff, volunteers and parents) and will be under adequate supervision.

I understand that my child(ren) must obey the rules established by the VBS leaders and Crossroads Christian Church staff and follow the instructions of the person in charge of the activities. I consent to and understand that the person in charge of the activities or agents have the right to dismiss my child(ren) who is in their opinion a hazard to the safety and well-being of others.

Although the church desires to provide a safe and enjoyable time for each participant, accidents can still happen. I recognize that there are risks involved in participating in VBS activities and hereby assume all risk of injury, harm, damage, or death to my child(ren) in connection with his/her participation in these activities. To the fullest extent permitted by law, I release Crossroads Christian Church, its trustees, ministers, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child(ren) while participating in the activity and agree to save and hold harmless Crossroads Christian Church, its trustees, ministers, employees, agents and representatives from any claims arising out of my minor child(ren)'s participation in the activity, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the below mentioned name(s). This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the church, its employees or volunteers. If such circumstances are proved in a court of law, I acknowledge and agree that the church can assume no financial liability beyond its actual liability insurance policy in force.

Further, being the parent or legal guardian of below stated child(ren), I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my child(ren). I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the attending physician to treat my minor child(ren). I understand that I am responsible for the health care decisions of my child(ren). I further agree to pay all charges for the medical, dental, or hospital care or treatment that is given to my child(ren). I also agree to be financially responsible for emergency medical transportation.

I hereby state that I have carefully read the above waiver. Acceptance and understanding of this agreement are hereby acknowledged.

Photo and Video Release

I give permission for photographs and videos in which I and/or my child(ren) appear to be used for publications and public relations activities by Crossroads Christian Church.

This may include use in print and electronic media, social media, including the internet.

I understand that no personal information beyond a first name will be used with these images unless we are contacted about giving our specific permission for releasing these details.

I have read and agree to the terms stated in the Medical Release and Photo and Video Release statements available on this registration site. The link for these documents will be provided for me in a confirmation email after registering. Completing this registration serves as my electronic signature.