



**Camden Crossroads Community Church  
2010-2011**

**Combined Permission; Release, Waiver of Liability, and  
Indemnity Agreement; and  
Emergency Medical/Contact Information**

**Child/Youth name:** \_\_\_\_\_  
(Last) (First) (M.I.)

**Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**Home Phone:** \_\_\_\_\_

**Parent(s)/Custodial Adult(s)' Name(s):**  
\_\_\_\_\_

**Parent(s)/Custodial Adult(s) Phone numbers:**

**Work phone(s):** \_\_\_\_\_

**Cell phone(s):** \_\_\_\_\_

**In case of emergency contact:**

**1) Name:** \_\_\_\_\_ **Daytime phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Evening phone:** \_\_\_\_\_

**2) Name:** \_\_\_\_\_ **Daytime phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Evening phone:** \_\_\_\_\_

**Name and phone number of primary treating physician:**  
\_\_\_\_\_

**Allergies (including medications youth can NOT take) / Special Health  
Concerns:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Authorization to Obtain Urgent or Emergency Medical Care

As the parent(s) or custodial adult(s) of \_\_\_\_\_  
(child/youth's name), I/we give permission for Camden Crossroads Community Church, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

\_\_\_\_\_  
Parent/Custodial Adult

\_\_\_\_\_  
Parent/Custodial Adult

**Medical Insurance Company:**

\_\_\_\_\_

**Policy/Group Number:**

\_\_\_\_\_

**Participant I.D. Number:**

\_\_\_\_\_

**Medical Insurance Phone Number:**

\_\_\_\_\_

**Permission to Participate;  
Release, Waiver of Liability, and Indemnity Agreement**

I/we give permission for \_\_\_\_\_ (name of child/youth) to participate in the activities of Camden Crossroads Community Church, both on the church premises and elsewhere. In consideration of the opportunity of my/our child/youth to participate in the activities of Camden Crossroads Community Church, I/we release Camden Crossroads Community Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from my/our child/youth's participation in the activities of Camden Crossroads Community Church; and I/we agree to indemnify and hold forever harmless the Camden Crossroads Community Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of Camden Crossroads Community Church or resulting from traveling to or from the activities of Camden Crossroads Community Church, including loss or injury resulting from negligence or gross negligence. I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us, and I/we understand and agree that it is my/our responsibility to update our child/youth's medical and insurance information as changes occur.

\_\_\_\_\_  
Parent/Custodial Adult

\_\_\_\_\_  
Parent/Custodial Adult

**Photo Permission**

I/we understand that my child may be photographed while participating in the activities of Camden Crossroads Community Church.

I/we **(do)** or **(do not)** give permission for a recognizable image of my child to be posted on the Camden Crossroads Community Church or Collide Youth website or bulletin boards including Facebook.com. I understand that a non-recognizable image, such as a group picture, may be posted.

\_\_\_\_\_  
Parent/Custodial Adult

\_\_\_\_\_  
Parent/Custodial Adult