Cedar Ranch Retreat Center
Waiver & Parental Consent Form
Emergency Medical Release and Liability Waiver

Participant's Name_____ **Birth Date**_____ **Age** _____

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Emergency Information

Mother's Name_____

Home #_____ **Cell/Alternate #**_____

Mother's Email_____

Father's Name_____

Home #_____ **Cell/Alternate #**_____

Father's Email _____

In an emergency when parent/guardian cannot be reached, please contact the following:

1. Name_____**Relationship**_____

Home#_____ **Cell#/Alternate #**_____

2. Name_____**Relationship**_____

Home#_____ **Cell#/Alternate #**_____

HEALTH CONCERNS, CURRENT MEDICATIONS AND EPI PENS: (*Please identify any allergies (to include foods), health problems, **medications epi pens**, or other health concerns):*

_____

_____

Family Physician: _____ **Phone #**_____

Dental Provider: _____ **Phone#**_____

Medical/Hospital Insurance Company _____ **Grp#**_____

Policy Holder's Name _____**Policy #**_____

Additional Information that May Be Helpful:

_____

_____

_____

This authorization for Emergency Medical Treatment must be completed before participant can participate in any activities. Treatment for injury will be based on information provided herein.

DISCLAIMER
Calvary Chapel Crossroads and Cedar Ranch Retreat Center and its leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives (collectively referred to as Calvary Chapel Crossroads and Cedar Ranch Retreat Center), are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with Calvary Chapel Crossroads and Cedar Ranch Retreat Center and all related activities associated with Calvary Chapel Crossroads and Cedar Ranch Retreat Center, including injury, loss or damage.

ASSUMPTION OF RISKS
IN CONSIDERATION OF Calvary Chapel Crossroads and Cedar Ranch Retreat Center allowing me or my child to participate in events, activities, or travel with Calvary Chapel Crossroads and Cedar Ranch Retreat Center and all related activities associated with the Calvary Chapel Crossroads and Cedar Ranch Retreat Center, including participation in camps and/or retreats, and all activities related to camps and retreats (collectively referred to as the "Activities"), I acknowledge that I am aware of the possible Risks, Dangers and Hazards associated with participation in the Activities including the possible risk of severe or fatal injury to myself or others.

RELEASE OF LIABILITY and AGREEMENT
IN CONSIDERATION OF Calvary Chapel Crossroads and Cedar Ranch Retreat Center allowing me or my child to participate in the Activities, I agree on behalf of myself and/or my child:
1. **TO ASSUME and ACCEPT ALL RISKS** arising out of, associated with, or related to my or my child's participation in the Activities.
2. **TO WAIVE and RELEASE Calvary Chapel Crossroads and Cedar Ranch Retreat Center** from any, and all, liability for any loss, damage, injury, or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child's participation in the activities due to any cause whatsoever.
3. **TO INDEMNIFY and HOLD HARMLESS Calvary Chapel Crossroads and Cedar Ranch Retreat Center** from any, and all, liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the activities.
4. **TO INDEMNIFY and HOLD HARMLESS Calvary Chapel Crossroads and Cedar Ranch Retreat Center** from any, and all, claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child's participation in the Activities.

YOUTH PARTICPATION CONSENT
Acknowledgment of Participant:
I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the instructions or directions of the persons in charge of the camp and/or retreat and to obey requests to comply with safety regulations as directed by the persons in charge, including designated leaders and drivers of private or public transportation. I will be solely responsible for myself, will wear a seatbelt when available and will not disturb or distract the driver when using private or public transportation to travel to and from any and all activities. At all camp and/or retreat sports events or other activities, I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment. I will not endanger the safety of others or myself at any activities, outings, or sports events or when using private or public transportation for travel to and from such activities. I also understand that I may be photographed or appear in video for such purposes as Calvary Chapel Crossroads and Cedar Ranch Retreat Center deems necessary unless otherwise objected to in any form.

Acknowledgment of Parent or Guardian of Participant:
We, the undersigned Parents or Guardians of the Participant, hereby authorize and consent to the Participant's involvement in the Calvary Chapel Crossroads and Cedar Ranch Retreat Center camp and/or retreat, including any use of private or public transportation deemed necessary by the persons in charge for Participant travel to and from camp/retreat activities, or to the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY in the event that emergency or other medical treatment not available at the site of a camp/retreat activity is deemed advisable. We hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, or illness during the activities of the camp and/or retreat.

ACKNOWLEDGEMENT and SIGNATURE
I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my heirs, executors, administrators, successors, and assigns. **I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT** and **I ACKNOWLEDGE THAT** by signing this agreement voluntarily, I am agreeing to abide by its terms, and I am waiving certain legal rights that my child or I may have.

This Consent, Authorization and Acknowledgment

_____ _____
Signature of Parent or Guardian Date (*if Participant is under 18 years of age*)

Signature of Participant Date

_____ _____
Printed Name of Parent Date

Printed Name of Participant Date