2026/2027 PERMISSION WAIVER FORM FOR STUDENTS

Child's Last Name_____ First Name _____DOB_____

Name of Parents and/or Legal Guardian_____ Grade & School_____

Address_____ City, State, Zip_____

Home #_____Parent Cell # _____Student Cell _____

Parent/Guardian Email _____ Student Email _____

Functions and Activities It is my understanding that participating in the programs and recreational and other activities of CROSSROADS COMMUNITY COVENANT CHURCH is a privilege. Prior to my child's participation in such activities, I acknowledge that there are certain risks associated with the activities including, by way of example, physical injury due to activity related accidents, physical injury due to transportation related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of with-standing the physical demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release CROSSROADS COMMUNITY COVENANT CHURCH and its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless CROSSROADS COMMUNITY COVENANT CHURCH and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment I recognize that there may be occasions where my child named above may be in need of first aid or medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of CROSSROADS COMMUNITY COVENANT CHURCH to seek and secure any medical attention or treatment for this child, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physicians(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Special Events and Field Trips I understand that my child will be participating in various activities ***from September 1, 2026 through Aug 31, 2027***. I understand that during this period my child may take part in activities such as: Retreats, Creation Festival, Mission Trips, Lake Days, and other activities consistent with the purposes of the church. I also understand that I may be asked to sign Special Permission Slips in addition to this form.

Publicity On occasion, CROSSROADS COMMUNITY COVENANT CHURCH takes photographs or makes an audio or video tape recording of children and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in CROSSROADS COMMUNITY COVENANT CHURCH publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of the church see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

Emergency Contacts / Health Insurance Information

Emergency Contact_____ Phone # _____ Relationship _____

Medical Doctor_____ Doctor's Phone #_____

Insurance Company_____ Policy Number_____

Name of Policy Holder_____ Relationship _____ DOB_____

Home #_____Work #_____ Check here if any of the following information is listed. ☐

LIST ON THE BACK OF THIS FORM - MEDICAL HISTORY, MEDICAL NEEDS OR CONCERNS, MEDICATIONS, ALLERGIES, DIETARY NEEDS, CONDITIONS AND/OR OTHER INFORMATION LEADERS OR HEALTH PROFESSIONAL SHOULD KNOW ABOUT YOUR CHILD/YOUTH.

Parent/ Guardian Authorization I represent that I am the parent/ guardian of the above child, who is under 18 years of age. I have read the above Permission/ Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of CROSSROADS COMMUNITY COVENANT CHURCH, including any special events/ activities described above. In consideration for allowing the participation of the child in the activities of CROSSROADS COMMUNITY COVENANT CHURCH, I hereby consent to the Permission/ Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/ Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns. I also understand that it is my responsibility to see that the information on this form is updated when there are any changes in my child's/ youth's medical status, etc.

Young Person's Agreement I agree to participate in the functions and activities of CROSSROADS COMMUNITY COVENANT CHURCH, to cooperate with the leaders and other young people and to conduct myself as a Christian. I promise to respect God, other persons, and property. I understand that my continued participation depends on my support of this agreement.

Signature of Parent/Legal Guardian_____ Date_____

Signature of Child/Youth_____ Date_____

Crossroads Youth Permission Slip

Please read this slip carefully, fill out completely, sign and return **by Wednesday, November 4, 2026.** Your child / children MUST have a signed permission slip in order to attend **Youth Conference – November 6-7, 2026.**

NAME: _____PHONE: _____

ADDRESS: _____

D.O.B.: _____

I, _____ as parent / guardian of the above-named child, give her permission to participate in the activities **of Crossroads Youth – Youth Conference 2026 in Renton, WA.**
I release the church and its representatives from any liability in the event of an accident enroute, during, or returning from an activity. I also authorize them to obtain any emergency medical attention that may be required during my child's attendance.

SIGNED:_____ DATE: _____
Parent / Guardian

Please Print
Parent / Guardian: _____

Emergency Phone Number: _____ Alternate Phone Number: _____