



Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Waiver of Liability

In consideration of Crossroads Community Church (CCC) accepting and permitting me to attend/participate in the church's activities, I agree that CCC, its agents, officers, employees, and volunteers will not be liable for any injury, death, damage and/or loss to me and/or anyone claiming on my behalf, and I further agree to hold harmless, indemnify and defend CCC, its agents, officers, employees, and volunteers for and from any and all damage during the time of my attendance and participation at \_\_\_\_\_, whether such injury, illness or damage occurs on or off the church's premises.

Crossroads Community Church (CCC) bears no legal or financial responsibility for injury/damages to, caused by, or related to a CCC Guest, Attender or Partner when such issue occurs inside or outside the immediate premises of the Church. I recognize that certain hazards and dangers are inherent in certain events, activities and programs and I acknowledge that although CCC has taken safety measures to minimize the risk of injury to participants, CCC cannot insure nor guarantee that the participants equipment, premises and/or activities will be free from hazards, accidents, and/or injuries. I further recognize the importance of knowing and abiding by the church's rules, regulations, and procedures for the safety of participants.

Specifically, CCC further assumes an automatic Waiver presumption for accident/injury or other personal liability damage/claim associated with Guests, Attenders and Members who are not on the physical premises of Crossroads Community Church.

This includes but is not limited to:

1. Sporting events: sponsored or un sponsored by CCC
2. Ministry Activities: sponsored or un sponsored by CCC
3. Transportation to/from a CCC sponsored or un sponsored activity

I certify that photographs, audio and/or videotape of any participants in CCC programs, events or activities may be reproduced and utilized in promotional or other materials. In signing this release, I understand that I do not rely on any inducements, promises or representation made by Crossroads Community Church.

I understand that drivers of vehicles owned or rented by Crossroads Community Church must be 25 Years of age, or older and maintain current personal Auto/Homeowners Insurance or specific Travelers Insurance through the period of the planned activity. I agree to wear available seat belts (and use other safety related devices, as appropriate) when traveling in Crossroads Community Church owned, operated, leased, rented or otherwise supplied vehicles for any church activity, event or purpose.

From time to time, Crossroads Community Church will ask for a specific waiver to be signed. The signing of such a Waiver does not affect the presumption that a Waiver is automatically in place. The signed Waiver is simply a reminder of the Standing Waiver position maintained by Crossroads Community Church. I agree that Crossroads Community Church has no current or future liability pertaining to my participation in a Crossroads Community Church activity.



**Crossroads Students Liability Waiver**

Activity/Event/Program: \_\_\_\_\_

Where: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

Departure location: \_\_\_\_\_ Departure Date/Time: \_\_\_\_\_

Return location: \_\_\_\_\_ Return Date/Time: \_\_\_\_\_

Cost: \_\_\_\_\_ Deposit: \_\_\_\_\_ Deposit Deadline: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Participant Telephone Number Date of Birth

\_\_\_\_\_  
Address City Zip

(\_\_\_\_\_) \_\_\_\_\_  
Emergency Contact Number Name Relationship

\_\_\_\_\_  
Insurance Company Name Subscriber Name Contract Number

\_\_\_\_\_  
Family Doctor (\_\_\_\_\_) Phone Number

Is any medication being taken? (Circle one) Yes No

If yes, please describe: \_\_\_\_\_

Special Needs Partners Name (if applicable) \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Please list any allergies \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant or Parent/Guardian (if under age 18) Date

\_\_\_\_\_  
Signature Crossroads Community Church Representative Date

**For Minors:**

By signing, I represent that I am the parent or legal guardian of \_\_\_\_\_, grade \_\_\_\_\_ and that my child has my permission to attend/participate in the above activity. I understand that every precaution will be taken for his/her health and safety. I assume responsibility in case of illness or accident and agree to hold CCC harmless. I also authorize CCC and its agents to seek medical services for my child on my behalf. That I am at least 18 years of age and I am under no mental or legal disability which would prevent me from signing and executing this agreement. I further represent that I have read (or have had read to me) and understood the terms of this agreement on page one.