



**2015-2016**  
**Transportation Release &**  
**Release of Liability & Consent for Medical Treatment**  
 Crossroads Church, 2810 First Ave., Perry, IA 50220  
 516-465-5478

[one form per child]

Student's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade Completing: \_\_\_\_\_

**Crossroads Youth Group**  
**Transportation/Medical Release**

We are most appreciative of your trust in us, as we undertake to serve your children. For reasons that are apparent we are requesting that you sign this Release of Liability and Consent for Transportation and Medical Treatment form to allow us to have your child participate in the activities for the year. Thank you for your cooperation, and please know that we take our responsibilities most seriously. We will serve your children with the greatest of care.

I hereby release and hold harmless from liability Crossroads Church, its staff, members, volunteer workers, and other employees and/or agents in the event of any injury to my child not resulting from the negligence of any such staff, volunteers, employees and/or agents while my child is engaging in any church or youth activity.

Please Initial \_\_\_\_\_

I further consent to any hospital or medical care necessary for my child, and such medical care may be approved by my child's youth leader/director and physicians immediately employed in any medical facility where they may be treated, including all emergency treatments which in the judgment of said physicians may be considered necessary or advisable for my child/children.

Please Initial \_\_\_\_\_

I understand that this is a legally binding release and consent that the church activities are provided in consideration for this signed release and consent. I have carefully read this Release of Liability and Consent for Transportation and Medical Treatment form and fully understand its contents. Being aware of said contents, I sign of my own free will.

Please Initial \_\_\_\_\_

I understand that whenever my child will be transported by a motor vehicle, that the driver of that vehicle will (1) be an official youth sponsor at Crossroads Church, or be authorized by the church to assist with an individual event, and (2) be at least 18 years of age, (3) possess a valid and unrestricted drivers license, (4) and be a licensed professional driver if the vehicle is a contract-for-hire bus or van.

Please Initial \_\_\_\_\_

I understand that my child will not be allowed to ride in a vehicle driven by anyone under the age of 18. Neither shall my child be allowed to ride in a car driven by any present youth group member, unless that driver is their sibling, except that my child has a written note granting parental permission indicating that this is acceptable. Phone notification is acceptable only on a per incident basis, and the permission must be granted directly to a youth leader (the leader must hear the parents voice), not through a middle person of any type.

Please Initial \_\_\_\_\_

I understand that during transportation each passenger will be required and expected to wear a seat belt. It is also clear that the driver and the other youth leaders have complete authority to monitor and adjust behavior, language and music.

Please Initial \_\_\_\_\_

I understand that this release applies to all official youth group activities through December 31, 2016.

Please Initial \_\_\_\_\_

**Insurance Information:**  
**please print**

Name of Insurance Company: \_\_\_\_\_

Phone Number of Insurance Company: \_\_\_\_\_

If HMO, please list primary physician: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Account #: \_\_\_\_\_ I.D. #: \_\_\_\_\_

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

\_\_\_\_\_  
 Parent's/Guardian's Name  
 please print

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date