

2022-2023

AWANA Permission Slip

Clubber's Name _____ Grade _____ Birthdate ____ / ____ / ____ M/F _____

Address _____ City _____ Zip _____

Parent(s) Name _____ Phone # _____ Cell# _____

Emergency Contact Name _____ Phone # _____

Does your child have any allergies? Y / N To what? _____

Any special needs we should know about your child? _____

Home Church: _____

Medical Insurance _____ Policy # _____

CrossPointe Community Church Release, Waiver & Indemnity Agreement

IT IS THE INTENTION OF _____ BY THIS AGREEMENT TO EXEMPT AND RELIEVE CROSSPOINTE
(PARENTS OR GUARDIANS OF MINOR)

CHURCH AND ITS OFFICERS, AGENTS, SERVANTS OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY

DAMAGE OR WRONGFUL DEATH OF _____ CAUSED BY ANY ACT OF NEGLIGENCE OF

(HEREINAFTER "NAMED MINOR")

CROSSPOINTE CHURCH AND ITS OFFICERS, AGENTS, SERVANTS OR EMPLOYEES.

For and in consideration of permitting named minor to observe, or use any facility or equipment of CrossPointe Church, or engage in and/or receive instruction in any activity or activity incidental thereto SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY at: CrossPointe Church in the city of Fontana, county of San Bernardino, and state of California, beginning on the day of _____, the undersigned parent and/or guardian of named minor hereby voluntarily and absolutely releasest, discharges, waives and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage or wrongful death occurring to named minor as a result of names minor's observing or using facilities or equipmen of CrossPointe Church, or engaging in or receiving instructions in any activities SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue.

The undersigned parent or guardian of named minor for him/herself, his/hers heirs, executors, administrators or assigns agrees that inthe event any claimfor personal injury, property damage, or wrongful death shall be prosecuted against CrossPointe Church or its officers, agents, servants or employees, the undersigned parent or guardian will indemnify and hold harmless CrossPointe Church and its fficers, agents, servants or employees from any and all claims or causes of action by named minor or by any other person or entity, by whomever or wherever made or presented, and under no circumstances will the undersigned parent or guardian of named minor present any claim against CrossPointe Church and said persons for personal injuries, property damage, wrongful death or otherwise, caused by any act of negligence by CrossPointe Church and said persons.

The undersigned parent of guardian represent that he/she has read this Release, has requested and has been provided with, or has requested and declined advissement on the potential dangers/risks or engaging in the observation, activities or instruction offered, assumes all risks associated with such dangers and risks, and is fully aware of and understands the terms and the legal consequences of the signing of the Release. The undersigned parent or legal guardian intends his or her signature to be complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continued in full legal force and effect.

Date _____ Parent or Guardian for _____

Signature of Parent or Guardian _____

CrossPointe Church AWANA

Parent/Guardain Consent to Medical, Dental, or Hospital Care

I, _____, am the parent or legal guardian of _____,
(NAME OF PARENT OR GUARDIAN) (NAME OF MINOR)
(hereinafter "my child"), who was born on _____, _____.
MONTH AND DATE YEAR

I consent to an x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

DATE _____

(SIGNATURE OF PARENT OR GUARDIAN)

(PRINT NAME OF PARENT OR GUARDIAN)