

RELEASE FORM

NAME _____ DOB _____ GENDER _____
CHURCH/GROUP NAME _____ LEADER _____
PARENT/ GUARDIAN'S NAME _____
HOME PHONE _____ WORK PHONE _____
MOBILE (IF APPLICABLE) _____
LAST TETANUS SHOT _____ LIST ANY ALLERGIES, CURRENT MEDICATIONS, DISABILITIES, CARDIAC CONDI-
TIONS (HEART MURMUR, IRREGULAR HEART BEATS) HIGH BLOOD PRESSURE, OTHER MEDICAL ISSUES, OR SPE-
CIAL NEEDS: (USE BACK OF FORM IF NEEDED)

PHYSICIAN _____ OFFICE PHONE _____
PERSONAL INSURANCE COMPANY _____ POLICY NUMBER _____
ADDITIONAL PERSON TO CONTACT IN CASE OF EMERGENCY _____ PHONE _____

I, _____, BEING OF LEGAL AGE, AUTHORIZE CROSSROADS/CLAYTON KING MINISTRIES, OR ANY DESIGNATED AGENT OF CROSSROADS/CLAYTON KING MINISTRIES, TO ACT ON (MY CHILD'S/MY) BEHALF SHOULD I BE UNABLE TO DO SO AND TO CONSENT TO ALL MEDICAL/DENTAL CARE AND TREATMENT, INCLUDING BUT NOT LIMITED TO DIAGNOSTIC TEST, X-RAY EXAMINATION, ANESTHESIA, SURGERY, OR OTHER PROCEDURES WHICH CROSSROADS/CLAYTON KING MINISTRIES DEEMS NECESSARY FOR (MY CHILD'S/MY) MEDICAL WELL BEING FOR THE DURATION OF CROSSROADS WINTER CONFERENCE. THIS CONSENT IS GIVEN IN ADVANCE OF ANY SPECIAL DIAGNOSIS, TREATMENT, SURGERY, OR HOSPITAL CARE REQUIRED AND TO THE ADMINISTRATION OF ANY OVER THE COUNTER MEDICATIONS INCLUDING BUT NOT LIMITED TO TYLENOL, ADVIL, ALLERGY MEDICATIONS, AND IS GIVEN TO PROVIDE AUTHORIZATION AND SPECIFIC CONSENT FOR MEDICAL/DENTAL TREATMENT AND CARE IN (MY CHILD'S/MY) BEHALF. ANY CONSENT BY CROSSROADS/CLAYTON KING MINISTRIES SHALL HAVE THE SAME FORCE AND EFFECT AS IF I HAD PERSONALLY GIVEN THE CONSENT.

I HEREBY RELEASE CROSSROADS/CLAYTON KING MINISTRIES, ITS AGENTS, SERVANTS, EMPLOYEES AND ASSIGNS FOR ANY AND ALL DAMAGES, LIABILITY OR COSTS RESULTING FROM THE AUTHORIZING OF MEDICAL TREATMENT ON (MY CHILD/MY) BEHALF UNDER THE TERMS OF THE CONSENT. I FURTHER HOLD CROSSROADS/CLAYTON KING MINISTRIES HARMLESS AND AGREE TO INDEMNIFY CROSSROADS/CLAYTON KING MINISTRIES FOR ANY AND ALL COSTS, DAMAGES OR EXPENSES INCURRED BY CROSSROADS/CLAYTON KING MINISTRIES AS A RESULT OF ANY CLAIM OR ACTION FILED BY ANY PART ALLEGING DAMAGES INCURRED AND AS RESULT OF ANY MEDICAL TREATMENT PROVIDED OR AUTHORIZATION FOR TREATMENT PROVIDED. I UNDERSTAND THAT THIS RELEASE AND INDEMNIFICATION RELEASES TREATMENT FOR THE CONDUCT OF CROSSROADS/CLAYTON KING MINISTRIES AND IT AGENTS, SERVANTS, EMPLOYEES OR ASSIGNS EVEN IF SUCH CONDUCT IS NEGLIGENT.

* I ALSO UNDERSTAND THAT MY PICTURE AND/OR NAME MAY BE USED FOR PROMOTIONAL USE.

PARENT/ GUARDIAN/ INDIVIDUAL

RELATIONSHIP

DATE

JANUARY 16-19, 2009
GATLINBURG CONVENTION CENTER
GATLINBURG, TN