Crossroads Christian Church
6450 S. Hwy 360, Grand Prairie, Texas 75052
817.557.2277

RELEASE, DISCHARGE, WAIVER AND HOLD HARMLESS AGREEMENT

Participant's Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

I do hereby release, acquit, hold harmless, and forever discharge Crossroads Christian Church, its agents, servants, sponsors, employees, and all persons natural or corporate in privity with them, from any and all claims or causes of action, including but not limited to actions, suits and/or claims for bodily injuries, death or property damage, while participating in any activity, including travel to and from any church activities. This agreement also applies to any and all activities on or off church property including b°asketball & softball, but not limited to the use of racquetball courts, gymnasium and baseball fields.

In the case of injury or sickness, I hereby authorize notification of a physician and give permission to said physician or designated medical professionals to administer emergency medical assistance if I cannot be reached. The undersigned agrees to assume liability for any and all costs and expenses incurred including medical and dental costs in the event an injury or claim arises. The undersigned further represents by the signing of this agreement that the subject participant has adequate health, disability and life insurance and further acknowledges that Crossroads Christian Church does not provide health, disability or life insurance for the subject participant.

The undersigned further agrees that should the need arise for any transportation, lodging and/or meals for participant, because of some unforeseen event, including but not limited to, the breakdown of church, employee or sponsor vehicles, chartered vehicles, or if transportation becomes necessary for medical emergencies, the undersigned shall be responsible for such costs.

If for any reason legal action is taken against Crossroads Christian Church, by the undersigned participant, parents, or guardian, the undersigned agrees to assume any and all legal costs and expenses incurred by Crossroads Christian Church in the event that it successfully defends such claim, action or lawsuit.

I assume full responsibility for any damage to property and/or equipment owned or leased by Crossroads Christian Church during any of the aforementioned activities and understand I will be responsible for replacement of same.

_____ _____
Health Insurance Company Participant* Date

_____ _____
Policy Number Father's Signature Date

_____
Emergency Phone Numbers Mother's Signature Date

( ) _____ _____
Legal Guardian Date

( ) _____

* If participant is under the age of eighteen (18) years of age, this Release must be signed by mother, father or legal guardian.