

RELEASE, INDEMNITY AND CONSENT TO MEDICAL TREATMENT

I, _____ (PRINT Parent's Name), am a parent/ guardian of _____, (PRINT Child's Name), _____, (PRINT additional Child's Name), and hereby give my full permission and consent for my child (hereinafter referred to as "Child") to participate in the Cross Timbers Community Church Kid's Ministry (CT Kids) trip or activity to (Surge) (hereinafter referred to as the "Activity"). To the best of my knowledge, Child is physically fit to engage in the Activity and does not suffer from any illness, disease, injury or handicap which would hamper or impair his/her participation in the Activity, or which may cause illness, disease or injury to others participating in the Activity, or which should otherwise be disclosed for purposes of this document.

Having full knowledge and recognizing that the Activity may be dangerous, I hereby waive and release all claims owned by me, my spouse or my Child and against Cross Timbers Community Church, its employees, agents, representatives, and any and all other persons engaged in or supervising the Activity, including sponsors and parents of other children (such persons being collectively referred to herein as the "Church Group"), which claims may arise from my Child's participation in the Activity. I also release and hold the Church Group harmless for any and all loss of or damage to property owned by or relating to my Child and his/her family, which damage or loss arises from the care and custody of my Child and/or his/her participation in the Activity. I agree to indemnify the Church Group for any and all claims, damages or liability resulting from the participation of my Child in the Activity.

In the event my Child should become ill or injured while participating in the Activity or otherwise under the care, custody or control of Church Group, I direct any adult who shall have care, custody or control over my Child to contact me if at all possible before authorizing major medical treatment for my Child. However, if any adult having care, custody or control over my Child while he/she participates in the Activity should be unable to contact me, my spouse, or other parent of my Child, then I specifically authorize such adult(s) to consent to any and all medical treatment which may be deemed necessary or appropriate for the benefit of my Child, and I specifically authorize the performing of any procedure which such adult(s) deems advisable and at the recommendation of the doctors or other health care providers who are treating my Child. I hereby waive and release all claims against any such adult(s) and the Church Group, and agree to hold each harmless of and from any and all claims or liability resulting from such decisions and/or the medical treatment of my Child. Adult members having ultimate custody over my Child while participating in the Activity and all other adult chaperones for the Activity.

I understand and agree that if my Child does not abide by the rules set by the Church Group or others for the Activity, or does not conduct him/herself properly in the sole discretion of the Church Group, he/she will be sent home immediately, at my expense, and he/she will forfeit any remainder of the prepaid expenses for his/her participation in the Activity.

This document is signed this ____ day of _____, 2007, and shall be effective until July 21, 2007, unless revoked in writing by the undersigned.

(Parent Name) _____

(Signature of Parent) _____