

# CROSSTIES CHRISTIAN MINISTRIES

9876 E. 2000<sup>th</sup> Avenue  
West York, Illinois 62478  
(618) 563-4992



## FIRESTORM

### Event Permission/Liability Waiver

Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Child: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Emergency No.: \_\_\_\_\_

Permission/Liability Waiver can, at parents' option, be active for the entire annual event season. If this is desired, simply mark "Entire Schedule" on the line for Event, and mark "2010" on the line for Date of Event.

I give my permission for my child to participate in the above mentioned event with CrossTies Christian Ministries, Inc., West York, Illinois. I understand that every effort will be made to protect the well being of my child, but agree that in the case of accidental injury, I will hold CrossTies Christian Ministries, Inc. and the sponsors of the event harmless from any damages. In any case that transportation may be needed, I understand that my child will be assigned to ride with a licensed driver, driving a privately owned or rented automobile.

In the event that my child would need emergency medical treatment, I give permission for the adults in charge of the group to secure the necessary treatment to protect the life and health of my child. I understand that I will be contacted before any medical treatment is begun except where a delay in treatment would not be in the best interest of my child.

Child Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accident/Hospitalization Policy Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Special Medical information that should be noted: \_\_\_\_\_

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