

CROSSTIES CHRISTIAN MINISTRIES

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



FIRESTORM Youth Leader Liability Waiver

Event: _____

Date of Event: _____

Youth Group: _____

Phone: _____

How many children?: _____

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 hereby acknowledge that I am a Youth Leader and have brought members of my Church Youth Group to participate in the above CrossTies Christian Ministries, Inc event(s). I understand that every effort will be made to protect the well being of my youth members, but agree that in the case of accidental injury, CrossTies Christian Ministries, Inc. and the sponsors of the event will be held harmless from any damages. I further acknowledge that I have obtained and secured adequate permission and waiver of liability, from a parent and/or guardian for each of my youth members, to participate in various events and activities including those sponsored in full or in part by CrossTies Christian Ministries, Inc. In any case that transportation may be needed, I understand that if I am not providing the transportation myself, my youth members will be assigned to ride with a licensed driver, driving a privately owned or rented automobile.

In the event that my youth members 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 any such 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. I further understand that it is my responsibility as a Youth Leader to further contact any such child's parents and/or guardians.

Youth Leader Signature: _____ Date: _____

Name of Church or Organization: _____

Special information that should be noted: _____

