



# The Chapel at Crosspoint

*and affiliated ministries*

500 Crosspoint Parkway  
Getzville, New York 14068  
(716) 631-2636

## HOLD HARMLESS AGREEMENT (WAIVER OF LIABILITY, RELEASE AND ASSUMPTION OF RISK)

<b>PARTICIPANT INFORMATION</b>	Name: _____ D.O.B.: _____ Gender: M / F
	Address: _____
	Home Phone: _____ Mobile Phone: _____
	Emergency Contact(s): _____
	Emergency Contact Address: _____
	Emergency Contact Phone: _____, _____
	Your relation to Emergency Contact: _____
	Primary Care Physician/Practice: _____

<b>DESCRIPTION OF ACTIVITY &amp; AGREEMENT</b>	Date(s) of Activity: _____
	Name of Activity: _____
	Location of Activity: _____
	<i>The PARTICIPANT (and the participant's parent(s), legal guardians [if applicable], supervising adult or group leader (if applicable), hereby acknowledges and agrees that participation in the aforementioned activities involves potential risks and dangers that may be caused by the negligence of the PARTICIPANT, the negligence of others, or by acts of nature.</i>
	<i>The PARTICIPANT (and the participant's parent(s), legal guardians [if applicable], hereby expressly and voluntarily agrees to assume all risk, consequences and liability related to participation in the above-mentioned activities.</i>
	<i>The PARTICIPANT (and the participant's parent(s), legal guardians [if applicable], hereby covenants and agrees to release, indemnify and hold harmless The Chapel at CrossPoint, its Board of Deacons, employees, agents, volunteers, guests, legal counsel, and students or associates of any of the above, from any and all claims, including but not limited to, bodily injury, disease or property damage claims arising out of or in any way relating to the aforementioned activities.</i>
	<i>The PARTICIPANT (and the participant's parent(s), legal guardians [if applicable], hereby covenants and agrees to release, indemnify and hold harmless The Chapel at CrossPoint, its Board of Deacons, employees, agents, volunteers, guests, legal counsel, and students or associates of any of the above, from any and all claims, fines, costs, fees, and expenses, including attorney's fees and costs (both at the trial and</i>

appellate levels) arising out of or in any way relating to the aforementioned activities.

The PARTICIPANT (and the participant's parent(s), legal guardians [if applicable], hereby covenants and agrees to release, indemnify and hold harmless The Chapel at CrossPoint, its Board of Deacons, employees, agents, volunteers, guests, legal counsel, and students or associates of any of the above, from any and all claims, including without limitation claims of third parties for property damage or bodily injuries, and any and all expenses or obligations including reasonable attorneys' fees and costs.

The PARTICIPANT (and the participant's parent(s), legal guardians [if applicable], hereby covenants, agrees and understands that this WAIVER OF LIABILITY, RELEASE & ASSUMPTION OF RISK AGREEMENT represents a voluntary full and complete release from all injuries and damages which may be sustained as a result of my participation in the aforementioned activities and all that PARTICIPANT engages in while involved in activities sponsored by The Chapel at CrossPoint.

**IN WITNESS WHEREOF**, the PARTICIPANT (and the participant's parent(s), legal guardians [if applicable]) has executed this Agreement:

PARTICIPANT SIGNATURE: x \_\_\_\_\_ Date: \_\_\_\_\_

PARTICIPANT NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: x \_\_\_\_\_ Date: \_\_\_\_\_

Required if participant is 17 years or younger

Relationship to Participant: \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NYS Notary Public



**OFFSITE ACTIVITY ADDENDUM:**

All activities and programming conducted at offsite locations sponsored by The Chapel at CrossPoint shall be governed by the Agreement above. Such events may include (but are not limited to) mission trips, overnight camping trips, retreats and conferences, and associated travel. I acknowledge that such activities naturally carry with them a degree of risk.

I further acknowledge and agree that I have given my consent for my child to remain in the physical custody of The Chapel at CrossPoint's staff, volunteers, and/or representatives while participating in OFF-SITE activities. This Agreement is binding on myself, my child and his/her personal representatives.

PARTICIPANT SIGNATURE: x \_\_\_\_\_ Date: \_\_\_\_\_

PARTICIPANT NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: x \_\_\_\_\_ Date: \_\_\_\_\_

Required if participant is 17 years or younger

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NYS Notary Public

# MEDICAL AUTHORIZATION/CONSENT TO TREAT MINOR

MEDICAL AUTHORIZATION

PARTICIPANT Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Gender: M / F

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

*It is my understanding that The Chapel at CrossPoint, its staff, volunteers, and/or representatives will immediately attempt to contact me in case of a medical emergency involving my child. If the above-mentioned individuals cannot reach me, I hereby authorize and give my consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my child.*

*Further, in the event I cannot be reached, I give permission to the aforementioned representatives of The Chapel at CrossPoint (or, in the event that such representative are not present) the attending physician, to make decisions regarding the best course of treatment for my child. I recognize that any healthcare provider and/or practitioner will take all reasonable safety precautions during the pendency of their care. Such vested authority shall terminate when I am able to be reached and acquainted with my child's medical situation.*

*As parent (or legal guardian) I recognize that I am responsible for the health care decisions for my child and agree that my insurance plan is the primary plan utilized to pay for the dental, medical, and/or hospital care or treatment given to my child. Any insurance policy retained by The Chapel at CrossPoint or other organization sponsoring the event referenced in the above HOLD HARMLESS AGREEMENT shall be used as secondary coverage.*

Insurance Provider: \_\_\_\_\_

Policy/Group #: \_\_\_\_\_

Family Physician: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Information: Name: \_\_\_\_\_

*Other than Parent(s)*

Relation to Participant: \_\_\_\_\_

Phone: (h): \_\_\_\_\_ (c): \_\_\_\_\_

**\*\*PLEASE NOTE ANY ALLERGIES OR PERTINENT HEALTH INFORMATION APPLICABLE TO THE PARTICIPANT\*\***

Allergies: \_\_\_\_\_

Related Health Information: \_\_\_\_\_

*Medications (with dosage),*

*Medical Conditions, Recent*

*surgeries, Dietary restrictions,*

*Any other relevant*

*information*

PARTICIPANT NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: x \_\_\_\_\_ Date: \_\_\_\_\_

Sworn before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NYS Notary Public

