

8300 Tezel Rd.
San Antonio, TX 78254
210.681.1911



Last Name: _____

First Name: _____

Activity: _____

Date(s) of Activity: _____

Waiver of Liability Statement

I, the parent or legal guardian of the child listed above, release Crossroads Baptist Church, together with the adults in charge, from any and all claims resulting from injury or damage that may be sustained by my child while participating in or traveling during the activity above.

I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subject of this release to be used, distributed, or shown as Crossroads Baptist Church sees fit, including but not limited to publications or websites.

I understand all reasonable safety precautions will be taken at all times by Crossroads Baptist Church and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Crossroads Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, disease, or injuries incurred by the subject of this release form.

Parent/Guardian Printed Name Parent/Guardian Signature Date

Participant Statement

I agree to abide by all the rules established for an activity and will cooperate fully with all those in leadership positions. I will not leave the group or activity area at any time without the special permission of the designated responsible person. I understand that violation of the established rules may be cause for me to be sent home at the expense of my parents.

Participant Printed Name Participant Signature Date