

**Stones Crossing Church
Student Ministry Waiver
September 19, 2009 - September 18, 2010**

This form will be on file in the Student Ministry Offices for the calendar year.

I give my permission for _____, to participate in all officially sanctioned Stones Crossing student ministry activities (includes but not limited to trips, outings, service projects, special events and church sponsored outings away from the church premises) throughout the calendar year. Students will be accompanied by a youth coach (includes but not limited to staff, volunteers and parents) and will be under adequate supervision. I further understand that I may revoke permission of a specific event or outing by written notice, hand delivered to the student ministry office more than one day prior to the trip.

Although the church desires to provide a safe and enjoyable time for all students, accidents can still happen. I understand that there are risks involved with participation in off campus trips and their associated activities. In consideration of my student being allowed to participate in this even, I agree to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I agree to hold harmless Stones Crossing Church, its affiliated organizations, employees, agents, and representatives, including volunteers and drivers, from any and all claims arising from my student's participation. This release agreement does not apply to claims of intention (criminal) misconduct or gross negligence by the church, its employees or volunteers. If such circumstances are proved in a court of law, I acknowledge and agree that the church can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I request that the church contact me. If the church cannot reach a parent/guardian after conscientious effort, I give permission for church staff and volunteers to contact medical personnel. If a life threatening emergency exists, I give permission for church staff and volunteers to contact medical personnel and then contact me as soon as possible thereafter.

I authorize and consent to any X-Ray examination, anesthetic, medical, dental or surgical treatment, and hospital care which, in the best judgment of a licensed physician or dentist is deemed advisable. I agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I also agree to be financially responsible for emergency medical transportation.

Parent/Guardian Signature _____ Date _____

Name Printed _____ Date _____

(Please fill out both sides of this form!)

