



EVENT WAIVER FORM

July 27-31, 2016

This is to certify my son/daughter, _____, has my permission to participate in the VBS events and activities held by CrossOver Ministries. I understand that trusted youth leaders, staff, directors, and affiliated personnel will supervise the events and activities. As parent or legal guardian, I will remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named student. Thereby, I release CrossOver Ministries and all adult and youth leaders from any liability and from any and all claims against them, individually or collectively, for any injuries which might be received during this event and all activities associated with this event.

Parent/Guardian Printed Name _____ Date _____

Parent/Guardian Signature _____

Home Address _____ Apt. _____

City _____ State _____ Zip _____

Phone Number (_____) _____

Emergency Contact Name _____

Emergency Phone (_____) _____