

WAIVER OF LIABILITY AND DISCLAIMER for CROSS CITY CHURCH – CROSS CITY STUDENTS MINISTRY
(READ CAREFULLY BEFORE SIGNING)

I, _____, am the parent or legal guardian of _____. I have given my consent to the Cross City Church 1000 W. Airport Freeway, Euless, Texas 76039 for my Child to participate in the following event(s): **Flight Week 2021-July OR ANY OTHER STUDENT MINISTRY EVENT that my child will attend with Cross City Students of CROSS CITY CHURCH.**

I am at least eighteen (18) years of age and legally competent to sign this Waiver of Liability and Disclaimer on behalf of my Child. I hereby certify that, to the best of my knowledge, my Child is in good health and able to participate in the Event. I understand that the Event and activities associated with the Event involve certain risks, and that injuries can occur that may require certain first aid and/or medical treatment. In consideration of my Child being allowed to participate in the Event, I hereby acknowledge that I and my Child assume all risk in connection with the Event for any harm, injury, or damage that may befall my Child as a result of my Child's participation in the Event, including activities preliminary and subsequent to the Event, whether foreseen or unforeseen. I understand and agree and hereby acknowledge that, except as otherwise state herein, I will not attempt to hold CCC liable in any way for any occurrences with this Event that may result in injury, death, or other damages to my Child.

I, ON BEHALF OF ME AND MY CHILD, DO HEREBY EXEMPT AND RELEASE FBCE, ITS OFFICERS, DEACONS, MINISTERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, CONTRACTORS, STAFF, AFFILIATES, AGENTS, AND ATTORNEYS (COLLECTIVELY, THE "RELEASED PERSONS") FROM ANY AND ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY THE ACTS OR OMISSIONS OF ANY ONE OR MORE OF THE RELEASED PERSONS ARISING OUT OF THE EVENT OR MY CHILD'S PARTICIPATION IN THE EVENT, SAVE AND EXCEPT FOR THE FOLLOWING:

- (1) ANY SUCH LIABILITY CAUSED BY THE NEGLIGENCE OF ANY ONE OR MORE OF THE RELEASED PERSONS TO THE EXTENT COVERED BY INSURANCE; AND/OR,
- (2) ANY SUCH LIABILITY CAUSED BY THE GROSS NEGLIGENCE AND/OR WILLFUL OR INTENTIONAL MISCONDUCT OF ANY ONE OR MORE OF THE RELEASED PARTIES.

I FURTHER HEREBY ACKNOWLEDGE AND AGREE TO DEFEND, INDEMNIFY, SAVE, HOLD HARMLESS, AND COVENANT NOT TO SUE THE RELEASED PERSONS FOR ANY AND ALL CLAIMS, DEMANDS, DAMAGES, CAUSES OF ACTION AND SUITS IN EQUITY, WHETHER ARISING OUT OF COMMON LAW, EQUITY, ARBITRATION OR STATUTE, NOW OR HEREAFTER ARISING, KNOWN OR UNKNOWN, ASSERTED BY ME, MY CHILD, OR MY SPOUSE (AND MY OR THEIR RESPECTIVE ESTATES, HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNS) ARISING SOLELY OUT OF: (1) MY CHILD'S ACTS OR OMISSIONS THAT OCCURRED DURING THE EVENT; AND/OR (2) MEDICAL TREATMENT OR SERVICES PROVIDED TO MY CHILD WHILE PARTICIPATING IN THE EVENT, BUT ONLY TO THE EXTENT SUCH TREATMENT WAS AUTHORIZED BY ME, IN WRITING, IN CONNECTION WITH THE EVENT.

To the best of my knowledge, my Child suffers from the following allergies or medical conditions that may be relevant to a physician in the event of an emergency: _____

- I do **not** authorize my Child to engage in the following activities: _____
- I hereby authorize and designate _____, who may be reached at the following telephone number(s) _____ to make any medical decisions for my Child in the event that I cannot be reached.
- I hereby acknowledge and expressly agree that all indemnities, releases and waivers contained in this Waiver are intended to be as broad and inclusive as permitted by the laws of the State of Texas and that, if any portion of the agreements in this Waiver are held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
- This Waiver and the separate Medical Consent, if any, executed in connection with it contain the entire agreement between me and CCC regarding my Child's participation in the Event.
- I understand the terms herein are contractual and not merely recitals, and that I have signed this document of my own free will.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS WAIVER BY READING IT BEFORE I SIGNED IT.

SIGNED on this ____ day of _____ 20 ____.



Signature: _____

Print Name: _____
(Parent or Legal Guardian)

Address: _____

Telephone Number(s): _____