

RELEASE OF MEDICAL LIABILITY

I understand any risk associated by not providing a copy of my immunization history. I release Crossway Church and Medical Staff from any liability.*

I give permission for the release of my medical records in the case of illness/injury. I also give permission to Camp Medical Staff to perform treatment for minor injuries and illnesses within public view as appropriate, and to perform first aid in the case of more serious injury.

Also, I give permission to emergency providers to allow hospital personnel and/or a licensed physician to perform emergency treatment and administer emergency medications. This authorization shall remain in effect for the duration of my stay.

The information provided in the MEDICAL INFORMATION AND RELEASE Form is true, correct, and complete to the best of my knowledge. I understand that should there be a change in any information, it is my responsibility to inform Crossway Church of that change.

I understand that neither Crossway Church (PA), Living Hope Church (PA), Central Manor Church of God (PA), One City Church (PA), or Crossway Church (MA) will be held responsible for medical expense incurred, but that such expenses will be my responsibility.

I agree to notify the church in the event of any health changes which would restrict me from normal activities.

I assume all risk of injury, accident, or illness arising out of my participation and I agree to hold the churches involved harmless for any injury, accident, or illness to me except for those caused by the churches' gross negligence or wanton misconduct. (This does not include medical decisions related to care that are to be made by myself or my emergency contacts but are refused.)

*NOTE: If you provide a copy of your immunization history, it will greatly aid our Camp Medical Staff in your care. (Send immunization records to krista@crosswaypa.org)