

**CROSSBRIDGE CHURCH OF CHRIST**

**I. CONSENT**

I (We) \_\_\_\_\_, the parent(s) (or legal guardian(s) of \_\_\_\_\_, a minor, in consideration of the agreement by the CrossBridge Church of Christ ("Church") to permit my (our) child to participate in church related activities or trips, to take place from September 1, 2007 to August 30, 2008, do indemnify, protect and hold harmless the Church, its officers, board members, elders, ministers, supervisors, agents, servants, employees, and all private persons or organizations volunteering services without charge to supervise or chaperone my (our) child while on any trips from any claim or liability whatsoever, including, but not limited to, personal injury, property damage, court costs, attorneys' fees and interest, however caused, as a result of my (our) child participating in the trip or activity.

I (We) do further agree that the Church, its officers, board members, elders, ministers, supervisors, agents, servants, employees, and all private persons or organizations volunteering services without charge to supervise or chaperone reserve the right to terminate the participation of the above child for failure to behave and act in accordance with the Church's regulations on conduct, for failure to follow the instructions and directions of the supervisor(s) and/or chaperons, or for any acts of conduct of the above child deemed by said board, its officers, agents, and/or employees, to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the trip or activity as a whole. If the participation of the above child is terminated, only the funds not actually used will be refunded, and the child will be sent home at my (our) expense.

**II. LIMITED POWER OF ATTORNEY**

If I (We) cannot be immediately contacted, we grant full power of attorney to the official representative or chaperone in the event of accident or illness of the above child at any time from the commencement to the termination of the trip, to do as follows:

(1) To arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including, but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and

(2) To sign any releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

(3) To do and perform every act necessary and proper to be done in the exercise of any of the foregoing powers as fully as I (we) might or could do if personally present, with full power of substitution and revocation hereby ratifying and confirming all that my (our) said attorney(s) shall lawfully do or cause to be done by virtue hereof.

(4) I (we) further aver that I (we) have disclosed all known medical conditions, allergies, hyper sensitivities, illnesses (chronic or otherwise) and other medical information to my (our) said attorney(s) pertaining to said child.

\_\_\_\_\_  
Parent/ Legal Guardian

\_\_\_\_\_  
Parent/ Legal Guardian

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: (205) \_\_\_\_\_

Telephone: (205) \_\_\_\_\_

**STATE OF ALABAMA)**

**SHELBY COUNTY)**

Personally came before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, the above named individual(s), to me known to be the persons who executed the foregoing instrument and acknowledged the same.

\_\_\_\_\_, Notary Public  
Shelby County, Alabama  
My Commission expires: \_\_\_\_\_