

CROSSROADS FESTIVAL 2008 LIABILITY WAIVER / RELEASE FORM

Participant's Name _____ Date of Birth _____

Address _____ Telephone _____

City _____ State _____ Zip Code _____

Group Leader's Name & Parish _____

I, _____ (Parent/Guardian), give permission for my son/daughter to attend the CrossRoads Festival, September 28, 29 & 28, 2008. If needed for medical reason, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by health care personnel. I release the CrossRoads Festival and Eagle Hurst Ranch, its staff and its agents of all responsibility and consequences that may arise as a result of any injury suffered for any reason, and/or resulting emergency medical treatment. Further, I agree to accept any and all financial responsibility as a result of such medical treatment.

My child agrees to abide by all the rules and regulations as listed on the "CrossRoads Festival 2008 Guidelines" sheet as enforced by the Festival staff. I understand that the CrossRoads Festival/Eagle Hurst Ranch will not be responsible if my child fails to cooperate with regulations, and that infractions of the rules may result in immediate dismissal from the CrossRoads Festival at my expense.

Signature of Parent/Legal Guardian _____ Date _____

Family Doctor _____ Phone _____

Allergies _____ Medications _____

Medical History _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

1. Name _____ Home/Work Phone _____

Address _____

2. Name _____ Home/Work Phone _____

Address _____

FORM MUST BE COMPLETED FOR EACH MINOR ATTENDING WITHOUT A PARENT!