



Campus Crusade for Christ

MEDICAL AUTHORIZATION AND RELEASE (Under 18 Years)

I, (name of parent or guardian): _____ the undersigned, of (address): _____ City of _____, County of _____, State of _____ am the parent or other legal guardian of (name of child): _____ a minor of _____ years of age, of (address): _____ City of _____, County of _____, State of _____ (referred to herein as "Minor").

In the event of any accident, sudden illness, or medical emergency involving aforesaid minor, I hereby authorize the following staff members of Campus Crusade for Christ, Inc. (names to be filled in by staff members):

_____,
as adult person(s) into whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, deemed to be necessary by a licensed physician. This authorization is limited to the following dates: _____, 20__, through and including _____, 20__.

The following information is included and may be resorted to if needed by any hospital or licensed medical practitioner not having access to the minor's medical history:

Allergies: _____
Medical conditions: _____
Physical impairments: _____
Medication being taken: _____
Other pertinent facts: _____

In consideration of the minor being permitted to participate in the Campus Crusade for Christ Conference to be held at (location): _____ beginning on (date) _____, 20__, and ending on _____, 20__, I, the undersigned, as parent or guardian of the minor, and on behalf of said minor and the heirs, executors and personal representatives of said minor ("Releasors"), hereby release, waive, discharge, covenant not to sue, agree to indemnify and hold harmless, Campus Crusade for Christ, Inc. and their officers, directors, agents, affiliates, employees and assigns ("Releasees") from any and all damages, liability, causes of action or any other form of liability, past, present or future, and whether caused by the negligence of Releasees or otherwise, arising out of or relating to said minor's presence or participation in the aforementioned Campus Crusade for Christ Conference and any activities related thereto, or any actions taken by Releasees pursuant to the above medical authorization with the respect to said minor.

This release shall be binding on myself, my heirs, executors and legal representatives, and on the minor and his heirs, executors and legal representatives.

Executed this ___ day of _____, 20__.

Signature: _____ (parent or legal guardian)