REVISED February 27, 2013

Name of Organization _____Participant Name _____

Kentucky Baptist Assemblies, Inc. dba Crossings Ministries
Medical Release and Participant Registration Form

I. Please read this Participant Registration Form closely and make sure you understand it completely. This form is intended to: (1) Register the person named below, herein referred to as "Participant" to attend any camp/conference/retreat/mission trip hereinafter referred to as "event" operated by Kentucky Baptist Assemblies, Inc., dba Crossings Ministries ("CM") herein referred to as "CM"(2) Provide background information and any medical or other information particular to the Participant which should be made known to CM; (3) Obtain the consent of parent(s) or legal guardian(s) (hereinafter referred to as "Parent") for CM to obtain necessary medical attention in case of sickness or injury to Participant; (4) Obtain the consent of the Parent and Participant to photograph or video tape Participant during normal activities and to use such photographs or video tapes in promotional materials produced by CM and (5) Obtain a release, waiver of liability and indemnity agreement for any injury sustained or caused by the Participant while at a CM event.

II. Background of Participant and Parent: (please print clearly)

Name of Participant _____ Age _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Name of Organization_____Address _____
City _____State _____Zip _____
In Case of Emergency Notify _____ Home Phone _____
Work Phone
Parent(s) or Legal Guardian(s):
1) Name _____ Gender M or F Please Circle one: Mother Father Other
Email Address_____ Home Ph _____ Work Ph _____
2) Name _____ Gender M or F Please Circle one: Mother Father Other
Email Address_____ Home Ph _____ Work Ph _____

III. Medical Profile

Generally, Participant's health is: (circle one) Excellent Good Fair Poor
If health is not excellent, please explain condition _____
_____
List any medical difficulties or injuries for which Participant is being treated _____
_____
List any medicines or substances to which Participant is allergic _____
_____
List any medications Participant is currently taking _____
_____
List any special diet Participant may require _____
_____
Has the Participant had a Tetanus shot within the last 10 years?_____Family Physician_____
Physician's Phone
Health Insurance Provider/Company _____
Policy # _____ Subscriber Name _____
Subscriber # _____ Place of Employment _____
Subscriber Occupation _____ Work Phone _____

REVISED February 23, 2012

IV. Release, Waiver and Indemnity Agreement

Participants at CM facilities and other locations used by CM, typically engage in a number of activities, which, carry varying levels of risk of injury and may require a certain amount of physical fitness and/or overall health in order to safely participate. We want you to be informed as to the type of activities that are offered. Of course, we cannot list every activity, but Participants may participate in high and low element climbing activities, bazooka ball, paintball, zip lines, tubing, swimming, canoeing, various water activities, mountain biking, demolition, construction, repair (including exposure to lead based paint and asbestos) and other activities typically associated with camps/retreats/conferences/mission trips (herein referred to as "events"). This is not intended to be a comprehensive listing of every activity which the Participant may encounter, but it is simply meant to call to your attention to a number of our special activities which carry some risk of injury or accident.

Each of the undersigned assumes all normal and foreseeable risks associated with travel to, from and within the Country (including but not limited to personal injury, natural disaster, terrorism, political unrest and contraction of illness) and releases CM and its agents from any responsibility for such risks. Each of the undersigned acknowledges that carriers, hotels and other suppliers providing services in connection with the mission trip (herein after referred to as "suppliers") are independent contractors and are not agents, employees or representatives of, or joint venturers with, CM and release CM from any responsibility for the actions or omissions of such suppliers. Each of the undersigned accepts full responsibility for luggage and other belongings brought by Participant on the mission trip and acknowledge CM will have no responsibility for such items.

Each of the undersigned represents that the Parent(s) identified below are the biological parents, legal custodians or legal guardians of the Participant, if the participant is a minor. Each of the undersigned affirms that each is mindful of the risks of injury in the activities available at the event operated by the CM and other locations and the undersigned assume full risk and responsibility for any accidents or injuries to the Participant. Each of the undersigned represents and warrants that the Participant has no physical or mental condition which creates an unusual or undue risk of accident or injury while engaged in event activities. In consideration for permitting Participant to enroll in said activities offered by CM the undersigned for themselves, their family, heirs, executors, administrators, assigns and Participant hereby voluntarily release and discharge CM and any of its officers, directors, agents, servants, affiliates or employees for any claim of personal injury, property damage or wrongful death arising out of or in any way related to Participant's presence at and/or participation in a CM event, wherever or however it may occur, whether caused by the CM, its employees, officers, directors, agents, servants, affiliates or other persons or entities conducting or sponsoring the event. Parent further agrees to indemnify and hold harmless CM or any of its officers, directors, agents, servants, affiliates and employees from all claims including attorney's fees and costs of defense for personal injury, property damage or wrongful death which Participant may sustain or cause to third parties or CM in the course of participating in this activity/trip. The undersigned further agree that should there be any injury or illness to the Participant, Parent's health insurance shall be the carrier primarily responsible for Participant's medical expenses.

The undersigned hereby grants permission for CM to obtain necessary medical treatment in case of sickness or injury to Participant. Medical treatment means any medical, chiropractic, optometric, or dental examination, diagnostic procedure, and treatment, including but not limited to hospitalization, radiology services, pharmacy services, and blood testing. This authorization is intended to, and does hereby, grant to CM full power and authority to do and perform each and every act and thing whatsoever requisite, necessary and proper to be done as we might or could do if personally present, hereby ratifying and confirming all that CM shall do or cause to be done by virtue of the authority granted hereby.

The undersigned hereby give their consent to CM to photograph or video Participant during normal activities and to use such images in promotional materials used by CM.

The undersigned agree and understand that if any provision hereof is held to be invalid for any reason whatsoever, the remaining provisions shall not be affected thereby. If such provision may be modified or reformed so as to be valid, then the provision shall be deemed to be so modified or reformed so as to be enforceable.

_____	_____
Participant	Parent/Legal Guardian
_____	_____
Witness	Parent/Legal Guardian