



**ADULT  
RELEASE OF LIABILITY**

I, \_\_\_\_\_, being of legal age, do hereby release The Rock of Central Florida, from any and all claims, causes of action or liability for injuries of any kind occurring during my travel to and from and participation in youth camp at Crossings Ministries or with The Rock Church in Sanford, FL. I further hereby agree to indemnify and hold harmless The Rock of Central Florida, and staff.

SIGNED AND ACKNOWLEDGED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_.

Consenter's Signature

\_\_\_\_\_

**CONSENT TO MEDICAL TREATMENT**

I, \_\_\_\_\_, being of legal age, hereby authorize The Rock of Central Florida or the bearer of this consent to obtain such medical care for myself, whether emergency care or otherwise, as it or the bearer deems necessary, and I do further consent to such medical care obtained for myself by The Rock of Central Florida or the bearer of this consent. In addition, I represent to The Rock of Central Florida and all providers of medical care that I have the following known allergies and important medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED AND ACKNOWLEDGED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_.

Consenter's Signature

\_\_\_\_\_