



UNDER 18  
**RELEASE OF LIABILITY**

I, the undersigned, am the parent, guardian, or managing conservator of \_\_\_\_\_, a minor child, and as such parent, guardian, or managing conservator I 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 said child's travel to and from and participation in youth camp at Crossings Ministries 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 \_\_\_\_\_.

\_\_\_\_\_  
Parent, Guardian, or Managing Conservator

**PARENT'S CONSENT TO MEDICAL TREATMENT**

I, the undersigned, am the parent, guardian, or managing conservator of the minor child named \_\_\_\_\_, hereby authorize The Rock of Central Florida or the bearer of this consent to obtain such medical care for said minor child, whether emergency care or otherwise, as it or the bearer deems necessary, and I do further consent to such medical care obtained for said minor child 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 said minor child has the following known allergies and important medical conditions:

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

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

\_\_\_\_\_  
Parent, Guardian, or Managing Conservator  
\_\_\_\_\_