Parent/Guardian Waiver and Release of Liability

Church Name: Crosswalk Community Church
Event/Program Name: Parents Night Out (Kids Night In)
Event Location: 6101 S Mogen Ave, Sioux Falls, SD 57108
Date: 3/28/25

Child's Full Name: _____
Parent/Guardian Name: _____
Phone Number: _____
Emergency Contact Name & Number: _____

I, the undersigned parent or legal guardian, hereby give permission for my child to participate in activities at Crosswalk Community Church. I understand that my child will be supervised by authorized church staff and/or volunteers. Activities may include, but are not limited to, indoor and outdoor games, meals/snacks, and other recreational and educational programs.

I acknowledge that participation in activities involves inherent risks, including but not limited to physical injury, illness, or other unforeseen circumstances. I assume all risks and hazards incidental to my child's participation and release, waive, and discharge Crosswalk Community Church, its staff, volunteers, and affiliates from any and all claims, liabilities, or damages that may arise from my child's participation.

I also understand that Crosswalk Community Church is not responsible for any lost, stolen, or damaged personal belongings.

Insurance: _____

Policy Number: _____

Insurance Number: _____

Copy of Insurance Card: Attach to this waiver

Medical Authorization:
In the event of an emergency, I authorize the staff and volunteers of Crosswalk Community Church to obtain medical treatment for my child. I understand that every effort will be made to contact me before administering treatment. I agree to be responsible for any medical costs incurred.

Allergy Information:
Please list any allergies (food, medication, environmental, etc.) that your child has:

_____

_____

_____

By signing below, I confirm that I have read and understand this waiver, and I voluntarily agree to its terms.

Parent/Guardian Signature: _____

Date: _____