

CROSSROADS LEGAL RELEASE - MINOR
LEGAL RELEASE, WAIVER OF LIABILITY AND PERMISSION AGREEMENT



I hereby give permission for my child, named below, to participate in one or more activities including, but not limited to, constructing and rehabilitating residential and ministry related buildings in the areas serve by CrossRoads Missions and transportation by bus, van, car or other form of transportation (each referred to herein as a "Project") sponsored by Crossroads Missions, Inc. ("Crossroads") and as an inducement to planning each Project and permitting me to participate, the undersigned (hereinafter, "I") agrees as follows:

In consideration of the acceptance of my child's participation in each Project sponsored by Crossroads Missions, Inc. ("Crossroads") and as an inducement to planning each Project and permitting my child to participate, the undersigned (hereinafter, "I") agrees as follows:

I, on my behalf and on behalf of my child, hereby fully and forever release and waive and agree not to bring or cause to be brought any and all claims, demands, actions, or causes of action of every possible kind and nature whatsoever I or my child might assert, including, without limitation, claims for personal injury, wrongful death, or property damage, whether or not absolute, known or unknown, or otherwise against Crossroads or any of its partner organizations, directors, officers, employees, representatives, agents and volunteers (collectively referred to herein as the "Releasees") by reason of, arising out of or relating to my child's participation in each Project. I understand that activities related to a Project may be inherently dangerous, including, but not limited to using tools, loading and unloading, lifting, climbing and other construction activities. I, on my behalf and on behalf of my child, release the Releasees and waive all such claims against the Releasees for any injuries or damages caused in any manner whatsoever whether or not any such liability is attributable to the absence of ordinary or even slight care by the Releasees arising out of each Project.

I give my permission to Crossroads or its designees to secure medical treatment for my child. I also give my permission to the medical personnel selected by Crossroads or its designees to secure treatment and provide for the complete medical care of my child. Crossroads may not carry or maintain health, medical, or disability insurance coverage for my child. I understand that my child is expected and encouraged to arrive with medical or health insurance coverage in effect.

I give Crossroads, and any person acting under its authority permission to publish, distribute, broadcast, televise, promote, license, sell and copyright for all purposes, any photograph, videotape, motion picture or sound recording produced directly by Crossroads or under its sponsorship, which may include the image or likeness of my child and/or the voice of my child. I also authorize Crossroads to reproduce, amplify, simulate, filter or otherwise distort the voice of my child and all instrumental musical and other sound effects produced by my child. In addition, I authorize the use of any printed material in connection therewith. I release, on my behalf and on behalf of my child, all claims against Crossroads with respect to copyright ownership, publication and right to privacy. I agree that neither I nor my child shall receive any fee and that all rights, title, and interest to the above materials and use of them belong to Crossroads. I understand and agree that these materials may be duplicated or distributed with or without charge, and/or altered in any form or manner without future/further compensation or liability, in perpetuity.

I further agree that I have read and understand this Agreement; I am the parent or legal guardian of my child named below; the execution of this Agreement is continuing in nature; it is my knowing and voluntary act on my behalf and on behalf of my child; this Agreement is binding upon me and my child's heirs, executors, administrators and legal representatives; I am under no duress or undue influence to execute this Agreement; I represent that the information provided in my child's application to participate in each Project is true, complete and correct in all respects; it is my intention with this Agreement, on my behalf and on behalf of my child, to make a complete, general, and unconditional release of any and all claims whatsoever against the Releasees, as set forth above.

This Agreement shall be effective from the date signed below until the date of the earlier of my child's 18th birthday or the receipt of a written declaration signed by the parent or guardian, that this Agreement shall no longer be effective with regard to any act or event from and after the date of the receipt via U.S. Mail of the written declaration addressed to Crossroads Missions, Inc., 3231 Ruckriegel Parkway, Suite 111, Louisville, KY 40299.

IN WITNESS WHEREOF, I hereby execute this Agreement on the date set forth below.

Date: _____

Minor Child's Date of Birth: _____

Signature of Parent/
Legal Guardian: _____

Printed Name of Minor Child: _____

Printed Name of Parent/Guardian: _____

Address: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____