CROSSROADS WINTER CONFERENCE

MEDICAL & LIABILITY RELEASE, PROMOTIONAL USE, AND CONDUCT AGREEMENT INSTRUCTIONS

FOR GROUP LEADERS

When you registered, you should have received an email with instructions for completing your Group Roster. On this sheet, you will indicate general information for your participants. For Winter Conference 2026, parents and chaperones do not need to create accounts in a registration system as with previous events.

We do not require copies of medical forms or medication information— you will simply indicate on the roster that you have this information on file; however, we do require a Conference Release Form to be completed by each participant (both students & chaperones). A PDF of the Release Form is located in your Google Drive Folder along with your Group's Roster. You can send out this PDF Release Form digitally to your participants to then upload into your Google Folder, with each file named by participant. If you prefer to print the Release Forms, you may upload the signed copies by scanning a single file containing all your forms. We ask that all forms be uploaded to your folder and received by us on January 15th.

FOR PARENTS AND CHAPERONES

For you or your child to attend Crossroads Winter Conference, we need you to sign our Release Form. If you are completing this digitally, please save your form with your child's name and send it back to your group leader. Please fill in all required fields and make sure your group leader has your form by January 15th.

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MEDICAL & LIABILITY RELEASE, PROMOTIONAL USE, AND CONDUCT AGREEMENT

PARTICIPANT INFORMATION

First & Last Name of Participant: _____

Participant Date of Birth: _____ **Age:** _____ **Grade:** _____

Guardian First & Last Name (if under 18): _____ **Phone:** _____

MEDICAL & LIABILITY RELEASE

☐ **I understand that participation involves inherent risks, including injury, illness, or death. I assume full responsibility for all risks and release Clayton King Ministries (Crossroads), its officers, employees, agents, volunteers, and contractors ("Released Parties") from any claims or liability arising from participation.**

☐ **I authorize emergency medical treatment, including evaluation, hospitalization, and administration of over-the-counter medications (e.g., Tylenol, Advil, allergy medications) for myself or my child. I release and agree to indemnify Clayton King Ministries for any claims related to such treatment.**

PROMOTIONAL USE

☐ **I grant Clayton King Ministries permission to use my or my child's photo, video, or written quotes in publications, websites, or promotional materials and waive any right to compensation.**

CONDUCT AGREEMENT

☐ **No alcohol, tobacco, or drugs.**

☐ **No vandalism or pranks.**

Any damages incurred are my responsibility. Violation may result in dismissal at participant's expense.

ACKNOWLEDGMENT & SIGNATURES

By signing, I confirm that I have read, understand, and agree to all terms above.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature (if under 18): _____ **Date:** _____