Athletes in Action at Princeton University

Victory Beyond Competition Sports Camp
Medical Release Form

In the event of any accident, sudden illness, or medical emergency involving the aforesaid minor, I, the undersigned, hereby authorize the staff members of Campus Crusade for Christ, Inc. as adult person(s) into whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment or hospital care, deemed to be necessary by a licensed physician. This authorization is limited to Sunday, April 23, 2006.

Are there any pertinent facts regarding your child’s health AIA should be aware of? (i.e. Allergies, frequent injuries, asthma…)

In consideration of minor being permitted to participate in the Campus Crusade for Christ Event known as the Victory Beyond Competition Sports Clinic to be held at Princeton University

I, the undersigned, as parent or guardian of the minor, and on behalf of said minor, and on behalf of said minor and the heirs, executors and personal representatives of said minor (‘Releasors’), hereby release, waive, discharge, covenant not to sue, agree to indemnify and hold harmless, Campus Crusade for Christ, Inc., and their officers, directors, agents, affiliates, employees and assigns (“Releases”) from any and all damages, liability, causes of action, or any other form of liability, past present or future, and whether caused by the negligence of Releasees or otherwise, arising out of or relating to said minor’s presence or participation in the aforementioned Campus Crusade for Christ Event and any activities related thereto, or any actions taken by Releasees pursuant to the above medical authorization with respect to said minor.

In signing this form I agree to accept 100% responsibility for all medical costs.

This Release shall be binding on myself, my heirs, executors and legal representatives, and on the minor and his heirs, executors and legal representatives.

Executed this day of ________________________.
(day/month/year)

Signature of Parent or Guardian:________________________________________

Child’s Name:________________________________________