

2020-2021 Strive Nerf Night Consent Form

Please read this form carefully, fill it out completely and sign. You MUST have this form filled out completely in order to participate in this year's Strive Nerf events. Thank You.

(Participant's/Student's) Name: _____

I, _____, release Crossroads Church and its representatives from any liability in the event of an accident that may cause injury during this event. I also authorize to obtain any emergency medical attention that may be required during my attendance.

Parent/Guardian Signature: _____

Date: _____

Emergency Phone Number: _____

Alternate Phone Number: _____