CrossRoad Alumni Retreat Permission Form

(to be completed by parents of minors)

I Participant's Name: (PLEASE PRINT): _____
(the "Participant")

AND

I (Parent/Guardian Name-PLEASE PRINT):_____

request that the above-named Participant be allowed to participate in the CrossRoad Alumni Retreat taking place on March 5-7, 2010 (the "Retreat") and specifically consent to the Participant's participation.

I hereby grant permission to the CrossRoad Program to provide routine health care, administer over-the-counter medications, administer first aid and seek emergency medical treatment for the Participant (including, but not limited to, ordering x-rays or routine tests). I agree to the release of any medical and other records necessary for treatment, referral, billing or insurance purposes. I give permission to the CrossRoad Program to secure and administer treatment, including hospitalization, for the Participant. I understand that I will be responsible for all expenses not covered by such insurance. Without limiting the above, should the Participant require any emergency medical procedures or treatment during the Retreat, I hereby authorize the Retreat supervisors to arrange for and/or consent to such procedures or treatment in their sole discretion.

I understand the possibility of unforeseen hazards and inherent risk associated with the activities included in the Retreat and hereby agree to release, indemnify, and hold harmless the CrossRoad Program, Hellenic College, Inc., St. Nicholas Ranch & Retreat Center, the Greek Orthodox Archdiocese of America, the Metropolis of San Francisco and all of its/their employees, contractors, program leaders, Retreat supervisors, volunteers, agents, representatives, affiliates, officers, and directors (collectively, the "Released Parties") from any all claims, costs, expenses, liabilities, causes of action, damages and/or losses (including, but not limited to, injury, disability or death) arising out of the Participant's participation in the Retreat (and including, but not limited to, the provision of medical procedures or treatment to the Participant as set forth above) ("Claims").

I agree that, for the health and safety of all participants, the Participant will abide by all rules and regulations of the CrossRoad Retreat Program. I also agree that if the Participant is required to return home due to disciplinary violations or health needs, it will be at the Participant's/parent's/guardian's own expense. I further agree to indemnify and hold harmless the Released Parties from any and all Claims arising out of or related to the Participant's acts or omissions.

I understand that the activities involved in the Retreat will take place at St. Nicholas Ranch & Retreat Center in Dunlap, California.

NOTE: This form must be signed by both the parent/guardian and the Participant.

_____	_____	_____
Name of Participant (PLEASE PRINT)	Signature of Participant	Date
_____	_____	_____
Name of Parent/Guardian (PLEASE PRINT)	Signature of Parent/Guardian	Date

Home Address: _____
Telephone: Home: _____ Cell: _____ Work: _____