

 **crossroads**  
**R.I.S.E. Program Application**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Group Home: \_\_\_\_\_ Work/Day Program: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

Insurance: \_\_\_\_\_

Type of disAbility: \_\_\_\_\_

Behavioral Issues: yes or no (circle one) If yes, Explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Waiver of Liability**

In consideration of the enrollment of said applicant in the R.I.S.E. Program at Crossroads through the disAbilities Ministry, 2331 Kellogg Ave, Corona, Ca 92881: I hereby release, acquit, and forever discharge the staff and other persons associated with Crossroads Church from any liability in case of sickness and/or injury of \_\_\_\_\_ occurring on or about the premises.

**Consent for Treatment in Event of Accident/Injury:**

In the event of an accident or injury, involving said applicant, I hereby give my permission to the dentist or physician selected by Crossroads Church to hospitalize; to secure proper treatment, and/or injection, anesthesia, or surgery for \_\_\_\_\_ as deemed necessary. I also authorize Crossroads Church staff and volunteers to administer medical aid as required for injury in the event that I cannot be immediately contacted.

**Prescription/Medication**

I understand \_\_\_\_\_ (please initial) that under no circumstances will Crossroads staff administer any prescription and/or over the counter medication for said applicant.

**Photography Release**

I give \_\_\_\_ /do not give \_\_\_\_\_ (initial one) my consent to Crossroads Church to photograph above named person, without limitations, to use such pictures with any work of Crossroads Church, and hereby release Crossroads Church from any claims whatsoever which may arise with regard thereto.

**Spiritual Instructions**

I also understand that the said applicant may at various times, receive spiritual instruction according to the Word of God.

I have read, understand, and agree with all of the statements listed above.

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Applicant/Guardian Signature

Date