

Cornerstone Community Church
Parental Consent and Liability Release Form
(For child under the age of 18)

Child Name: _____ Age: _____ Birthdate: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip Code _____
School: _____ Grade: _____
Daytime phones: Mom _____ Dad _____ (Guardian) _____
Nighttime phones: Mom _____ Dad _____ (Guardian) _____
Cell phones: Mom _____ Dad _____ (Guardian) _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____
(name of child)
to attend and participate in activities sponsored by Cornerstone Community Church on

(date(s) of event(s))

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Cornerstone Community Church.

Liability Release

In consideration for being accepted by Cornerstone Community Church for participation in (name of event): _____, we (I), being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless Cornerstone Community Church, the Pastor(s), elders and the staff thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above-described trip or activity.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said church, its elders, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 18 years):

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

(Type or print name of participant)

(Father's signature) (date)

(Physician's name and phone)

(Mother's signature) (date)

(Legal guardian signature) (date)

Photo Release

I agree to grant to Cornerstone Community Church and its authorized representatives permission to record on photography film and/or video, pictures of my child's participation. I further agree that any or all of the material photographed may be used, in any form, as part of any future Facebook posts, publications, brochure, or other printed materials used for Cornerstone Community Church, and further that such use shall be without payment of fees, royalties, special credit or other compensation.

(Legal guardian signature) (date)
(We will not share photos if you do not sign.)

Medical Information

(Insurance Company)

(Policy Number)

Please list any allergies or special medical problems your child may have: _____

