

IMPACT CAMP

JULY 5TH - 9TH 2021

Registration and Liability Release Form

T-Shirt (Circle One): S M L XL XXL XXXL

Gender (Circle One): Male or Female

Student

First Name _____ Last Name _____

Preferred Name _____ D.O.B. ____/____/____

Address _____ City _____ ST ____ ZIP _____

Cell Phone (____) _____

Church Attending With: _____

WHEREAS _____ (my child/or myself) wish(es) to voluntarily participate in the Impact Camp conducted by Cornerstone Church of Liberty, Inc. a non-profit Corporation.

Event: IMPACT CAMP
 JAMA GLOBAL CAMPUS
 22392 FM 16
 Lindale, TX 75771

And, whereas unforeseen circumstances and situations may occur resulting in my child or myself needing **medical or dental care and treatment**; and further recognizing that I, the undersigned parent or guardian, may not be available or able myself to give my personal consent at the time of required treatment or care for my child or myself, as may be determined by medical professionals on site; I do hereby give my permission, consent and authority to Cornerstone Church of Liberty, Inc. personnel to act in my behalf with the same force and effect that I would have had I personally given the consent.

Complete if Applicable: I further certify that I have a personal health insurance policy in force with _____(Company) which covers (my child/me) , that will provide coverage for (my child/me) during the duration of the aforementioned event, including accidental death and dismemberment (AD&D) coverage.

By signing this document below I do hereby release and hold harmless Impact Camp, Cornerstone Church of Liberty, Inc. its officers, trustees, agents and employees from financial responsibility and/or personal liability resulting from what may be deemed as any negligent acts or omissions in connection with (my child/me) voluntarily participating in this event. I hereby give permission to Cornerstone Church of Liberty, Inc. to use photographs of my child and/or myself in Cornerstone Church of Liberty, Inc. publications.

In case of an emergency, please call _____
(Relationship: _____) at (____)_____-_____ Ext. _____

In case of an emergency, please call _____
(Relationship: _____) at (____)_____-_____ Ext. _____

Insurance Company _____ Policy # _____

Guardian's Signature _____ Date _____
Guardian Phone Number : _____

Guardian's Signature _____ Date _____
Guardian Phone Number : _____

Student's Signature _____ Date _____

Cornerstone Church
1693 HWY 146 BYP
LIBERTY, TX 77575
(936) 336-2688