



CORNERSTONE CHURCH
An Evangelical Presbyterian Church

CHILD/YOUTH ACTIVITY, MEDICAL, AND LIABILITY RELEASE FORM

(EXCEPT WHERE SIGNATURE REQUIRED, PLEASE PRINT ALL INFORMATION)

CHILD/YOUTH'S NAME: _____ D.O.B. _____

PARENT'S (OR GUARDIAN'S) NAME: _____

☐ I am granting this *Activity, Medical, and Liability Release* to all activities sponsored by Cornerstone Church in which our (my) child participates

☐ I am granting this *Activity, Medical, and Liability Release* to only the following activity:

LIABILITY RELEASE: In consideration of Cornerstone Church allowing the above child to participate in church affiliated activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Cornerstone Church, its directors, members, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental 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 above child while involved church activities. Furthermore, we (I) [and on behalf of our (my) minor child] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in activities involved therein. I understand personal vehicles may be used for transportation, and I extend this liability to the owners and operators of those vehicles.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency 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 or emergency care facility. 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 or youth pursuant to this authorization. I understand every reasonable effort will be made to contact me prior to treatment, but if this cannot be done in a timely manner, treatment will be rendered as noted above.

INSURANCE INFORMATION: NAME OF INSURED: _____

NAME OF INSURANCE COMPANY: _____ POLICY #: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
