

CORNERSTONE COMMUNITY CHURCH
Vacation Bible School
Parent Permission—Release/Waiver Form

(Please complete **BOTH SIDES** of this form for each child participating in any and all events. This form is adequate for all church activities and is valid for at least one year.)

Children's Names and Birth Dates: _____

Parent/Guardian Name: _____

Address: _____ City: _____

Zip: _____

Phones: (home) _____ (cell) _____

Email: _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR:

(I) (We), the undersigned, parent(s) of

,(children's names) minors, do hereby authorize Cornerstone Community Church and its leaders as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

_____ (parent's name) shall indemnify, hold free and harmless, assume liability for, and defend Cornerstone Community Church, its agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to, attorneys' fees, reasonable investigative and discovery costs, court costs, and all other sums which Cornerstone Community Church, its agents, servants, employees, officers, and directors may pay or become obligated to pay on account of any, all and every demand for, claim or assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of _____ (children's names) use of real personal property belonging to Cornerstone Community Church, its agents, servants, employees, officers and directors, or by any action or omission by

(children's names).

Date of last immunizations:

Any allergies or conditions Cornerstone Community Church should be aware of? If so please list:

Other Emergency Contact: _____ Phone: _____

Family Doctor: _____ Phone: _____

Name of Insurance Provider: _____

Insurance coverage for accidental injury is required for all participants. In most cases, family health insurance is adequate.

Waivers:

I understand a child who does not abide by the rules of the Cornerstone Community Church Activities may be dismissed from any and all events. Signature Parent/Guardian on this form waives and releases Cornerstone Community Church and its workers from liability due to injury or illness incurred at Cornerstone Community Church or traveling to and from the church. Participants are responsible for their own property. Cornerstone Community Church and its workers will not be responsible for lost or stolen items.

Photo Release: I **do** _____ **do not** _____ give the Cornerstone Community Church and its employees and agents the right to photograph my child and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing including via the internet.

Signature of Parent or Guardian Date