

Cornerstone Fellowship Permission/Medical/Liability Release Form

Event: _____

Date(s) of Event: _____
(Please give the entire date that participant will be at stated event.)

Ministry: _____

I hereby give permission for _____ to attend the stated event.

I have reviewed the trip information. I understand certain circumstances and situations may occur resulting in my child's need for medical care and/or treatment. Therefore in consideration of participating in said event, I authorize the event leadership to obtain any reasonable and necessary medical treatment, deemed necessary, by qualified medical personnel on behalf of my child, during the entire time that participant is participating in said event.

I hereby release and hold harmless Cornerstone Fellowship, their officers, employees, representatives, and volunteers from all liability for personal injury or illness, as well as all property damage or loss arising out of my child's participation in this trip.

Participant's Name: _____ Date of birth: _____

Participant's physician: _____ Telephone: _____

Health Insurance Company: _____

Policy Number: _____ Hospital Preference: _____

Does the participant have any of the following?

Allergies Medication Chronic/Recurring Illness Physical Conditions that limit activity

If yes, explain in detail _____

Parent or Guardian's Home Number: _____

Parent or Guardian's Cell Number: _____

Emergency Contact if unable to reach Parent or Guardian: _____

Emergency Contact Number: _____

Parent or Guardian's Signature: _____

Relationship to Participant: _____ Today's Date: _____