



1400 Lander Road, Mayfield Heights, OH 44124, 440-442-6470, www.cornerstonemayfield.org

PARENTAL CONSENT/MINOR RELEASE FORM

ACTIVITY _____

NAME OF MINOR _____

PERMISSION AND RELEASE: I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THIS ACTIVITY. IN THE EVENT HE/SHE IS INJURED, I WAIVE AND RELEASE ALL RIGHTS TO ANY CLAIM FOR DAMAGES AGAINST THE CHURCH OR ITS REPRESENTATIVES. THIS RELEASE DOES NOT COVER ANY CLAIMS FOR WILLFUL OR INTENTIONAL HARM OR FOR ANY CLAIMS TO THE EXTENT COVERED BY INSURANCE. I FURTHER AGREE THAT ANY CLAIM SHALL BE SETTLED BY MEDIATION AND, IF NECESSARY, LEGALLY BINDING ARBITRATION, IN ACCORDANCE WITH THE RULES OF THE INSTITUTE FOR CHRISTIAN CONCILIATION: JUDGEMENT UPON AN ARBITRATION AWARD MAY BE ENTERED IN ANY COURT OTHERWISE HAVING JURISDICTION.

MEDICAL RELEASE: In the event that my child suffers illness, accident or injury and neither parent nor guardian can be contacted, I/we give permission for any emergency treatment that is deemed necessary by a licensed physician.

DATE: _____

SIGNATURE OF PARENT/GUARDIAN _____

SIGNATURE OF PARENT/GUARDIAN _____

Home phone: _____ Cell phone: _____

Medical information _____

Allergies: _____

Medications: _____

Additional restrictions: _____

Insurance Co.: _____ Group#: _____

ID# _____

Dr. Name & Phone #: _____