



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

### ANNUAL PARENTAL CONSENT/MINOR RELEASE FORM

**CONSENT:** I/We, the parent(s) and legal guardian(s) of \_\_\_\_\_ give permission and consent for my/our child to participate in all activities or events sponsored by the church for teens or youth from September 1, 2015, through August 31, 2016. The church may presume that I/we have notice of all events which are publicized through the church bulletin, boards, letters or announcements. I/we agree to notify the church in writing of any activities or events as they may occur, to which I/we exclude consent. On behalf of myself/ourselves and the child, I/we waive and release all claims for damages against the church or its representatives, except to those covered by insurance. I/we agree that any dispute shall be settled according to Biblical principles, by mediation or legally binding arbitration, according to Church Bylaws, and the Rules of the Institute for Christian Conciliation.

**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.

**EXPIRATION:** This consent shall automatically expire at the end of its term, or may be revoked earlier in writing to the church office. This consent shall be considered automatically revoked if any of the undersigned fail to maintain membership in good standing with the church.

**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 #: \_\_\_\_\_