



Annual Youth Group Consent and Release For Activity Year _____ - _____

Student: _____ Date of Birth _____ Age _____ Grade _____

Address: _____ Name of Parent/Guardian: _____

Activity: Regularly scheduled youth meetings at Cornerstone Community Church

I **do** **do not** consent to photographing, videoing, or otherwise recording my child's likeness or image as described below in the attached Release.

I hereby affirm that my child shall be participating in the above-named activity(ies) as marked (the "Activity") and certify that I am cognizant of the inherent dangers associated with participation in the Activity and with the fact that participating in the Activity may take place outside of the church building. If there are any types of activities I do not want my youth to be involved in, I have identified them here _____.

I understand and agree that neither Cornerstone Community Church, nor its elders, deacons, ministry leaders, volunteers, trustees, representatives, instructors, or agents, may be held liable in any way for any occurrence in connection with my child's participating in the Activity which may result in injury (up to and including permanent injury, serious bodily harm and/or death), serious harm or other damages to me or my family. As a part of the consideration for being allowed to enroll and participate in the Activity, I hereby personally assume all risks in connection with my child's participation, including transportation to and from said event. I further release Cornerstone Community Church, its elders, deacons, ministry leaders, volunteers, trustees, representatives, instructors, or agents for any injury or damage which may befall my child while my child is enrolled in or participating in the Activity. I further agree to save and hold harmless Cornerstone Community Church, its elders, deacons, ministry leaders, volunteers, trustees, representatives, instructors, or agents from any claim by me or my family, estate, heirs or assignees arising out of my youth's participation in the Activity. I also authorize Cornerstone Community Church to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur to my youth while participating in the Activity. My child's medical information is on the reverse side of this form.

I further state that I am of lawful age and legally competent to sign this affirmation and that I understand the terms herein are contractual and not a mere recital. I further state and acknowledge that I have fully carefully read the foregoing release and know the contents thereof and I sign this release as my own free act.

Parent signature: _____ Printed Name: _____

Date: _____

PHOTOGRAPH / VIDEO USE CONSENT AND RELEASE

I hereby grant permission to Cornerstone Community Church, its representatives, contractors, employees and volunteers acting on behalf of the ministry, to take and/or use, copyright, publish, edit, crop or treat images or likenesses of me or my child(ren), including photographs, videos or otherwise , of me or of my child(ren), for any lawful use on the ministry's website, social media pages, blogs, or in other official ministry printed or electronic publications without further consideration. I understand that this consent and release will operate in full force and effect until such time as I withdraw my consent in writing. I understand that should photographs or videos of me or my child(ren) be used on Cornerstone Community Church-owned or operated websites or web pages, they may be available for download.

I do hereby agree to release, indemnify, and hold harmless Cornerstone Community Church and its agents and employees, harmless from any and all present, past, future, known and unknown liabilities, actions, causes of actions, claims, expenses, and damages that may arise from the use or dissemination of photographs or videos of me or my child, whether via the internet or in print. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I also agree that any controversy or claim, by or through the party signing this release, arising out of or relating to the activities anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof.

MEDICAL INFORMATION

Primary emergency contact person: _____ Phone: _____

Alternate emergency contact person: _____ Phone: _____

Physicians Name _____ Phone: _____

Insurance Company: _____ Insurance policy number: _____

Known allergies and type of reaction: _____

Medications: _____