

Cornerstone Presbyterian Church

2020—2021 Adult Consent & Release Form—Age 18 and Over

(Including emergency medical treatment for anyone age 18 and over.)

Please print your Information:

Concerning: _____
(last name) (first name) (middle name or initial)

Date of Birth: _____ **Age:** _____

Address: _____
(street) (city) (state) (zip)

Concerning this participant (write N/A if not applicable):

Have any special needs? _____

Allergies to (list them here):

Medications _____

Foods _____

Environmental _____

Need any medications? _____

Have any dietary concerns? _____

Have a medical condition that would keep this participant from fully participating? _____

Physician: _____ **Phone:** _____ - _____ - _____

Medical Insurance:

Insurance Company's Name: _____

Insured's Name: _____

Policy Number: _____ **Group Number:** _____

Emergency Contact:

Name: _____ **Phone:** _____ - _____ - _____
(first and last name) (relationship)

Continued on the next page...

Medical Consent: I consent and authorize that if, in the sole discretion of the adults in charge of said activity, I am in need of emergency medical treatment during the period above noted, any such adult may give consent on my behalf to such treatment, and may sign appropriate consent forms in my behalf to the same effect as if I had personally signed such consent forms. I hereby release, and agree to indemnify and hold harmless (1) Cornerstone Presbyterian Church (hereinafter, the "Church") as sponsor and organizer of said event, and (2) all medical personnel providing such medical treatment to said participant during said period, for any claims alleged to have arisen out of such participation or such treatment (in the absence of gross negligence or willful misconduct), and I hereby further release the Church and all persons associated with it for any claims that I, said participant, or anyone else might have arisen out of the participation in such event or the consenting to, or the providing of, any such emergency medical treatment to participant (in the absence of gross negligence or willful misconduct). Church agrees that, in the event of an emergency, reasonable efforts will be made to contact the Emergency Contact listed on the reverse of this form as quickly as is feasible under the circumstances.

Photo Release: I hereby give my permission to be photographed, videotaped and/or audio taped during activities. I understand that these pictures and/or sounds may be shared with the church membership, children, youth, and/or visitors, including use on our website. No names will be listed with the pictures.

Check here if **NOT** giving permission to be photographed, audio and/or video taped.

Release: I understand that participation in church activities involves a certain degree of risk. Furthermore, I understand that being the hands and feet of Jesus through *outreach activities and mission trips* also involves a degree of risk, and that these activities may include ministering to people of all backgrounds and histories, and in unfamiliar locations. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Cornerstone Presbyterian Church, directors, employees, volunteers, and related parties from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by me while participating in these activities during the period of **August 1, 2020 - August 31, 2021**.

In confirmation of the above, I sign this Consent and Release this _____ day of _____, 20_____.

(Participant's Name Printed)

(Participant's Signature)

MUST BE SIGNED BEFORE A NOTARY PUBLIC.

State of _____)
County of _____) S.S.

On this date, _____, before me, _____
(insert name and title notary public)

_____ personally appeared before me

whom I know personally, whose identity was proved to me on the basis of satisfactory evidence, and who acknowledged the execution of the foregoing form and stated that the information therein set out is true and correct to the best of his/her knowledge and belief.

My commission expires:

Notary Public Signature

Seal: