

# Cornerstone Assembly of God

## Liability/Medical/Media Release of all Claims Form

In consideration for being accepted by \_\_\_\_\_ for  
(Print Parent/Guardians name or self if over 18)

\_\_\_\_\_ For participation in the \_\_\_\_\_  
(Print participants name) (Name of Event)

I do hereby release, forever discharge and agree to hold harmless Cornerstone Assembly of God and the directors thereof 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 the undersigned and the participant that occur while said person is participating in the above listed Event which include traveling to and from the event (when needed). The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that I am assuming the risk of such and my child understands the risk also. I further release the sponsoring organization and its representative from any claims for personal illness or injury that my child may sustain during this event. I hereby authorize the staff and representatives to treat my child on location or refer my child to a medical treatment center (hospital, urgent care, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the event.

I hereby irrevocably consent to and authorize the unrestricted use and reproduction by you or any authorized by you, of any and all photographs and/or video images which have been taken this day(s) of me and/or my child, for use within the scope of Cornerstone Assembly of God. This consent is absolute and without limitations as to (1) the time within which any such photographs or video images must be used (2) the nature of extent of their use, or (3) by whom they may be used. I agree to hold harmless Cornerstone Assembly of God, or any of its entities responsible for any injuries that occur during their use of my labor in pre-production and/or productions.

**By signing below, I further acknowledge and understand that I, (the participant) agree to abide by the guidelines for the event and to be respectful of all staff and representatives for the event or I will be dismissed from the event without any refund.**

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18 years old)

\_\_\_\_\_  
Printed name of Parent/Guardian

Relationship to Minor: \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

### Medical Coverage and Information:

Insurance Name: \_\_\_\_\_

Policy Number / ID Number: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Medical Conditions/Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_