



THE CORNERSTONE YOUTH GROUP PERMISSION/WAIVER FORM

Event: Winter Retreat, Camp Barakel, January 15-17, 2027.

Student Name _____

Address _____

City _____ **State** _____ **Zip** _____

Parent/Guardian(s) Name _____

Home Phone _____ **Cell Phone** _____

In case of emergency, contact _____ **Phone** _____

Special concerns (allergies, medications, medical conditions, etc.)

PERMISSION AND TRANSPORTATION

I give permission for my child to participate in the above-mentioned event and to be driven by the adult/s leading the trip.

LIABILITY WAIVER

I recognize that certain hazards and dangers are inherent in the events and programs of The Cornerstone Church. I acknowledge that although The Cornerstone Church has taken safety measures to minimize the risk of injury to participants, The Cornerstone Church cannot guarantee that the participants, equipment, premises, and/or activities will be free from hazards, accidents, and/or injuries.

In consideration of The Cornerstone Church accepting and permitting my child to participate in this trip, I agree that The Cornerstone Church, a non-profit corporation, its agents, officers, employees, trustees, and volunteers will not be liable for any injury, death, damage and/or loss to my child, and/or anyone claiming on my child's behalf, and I further agree to hold harmless, indemnify and defend The Cornerstone Church, its officers, agents, employees, trustees, and volunteers for and from any and all damage during the trip, whether such injury, illness, or damage occurs on or off the church premises.

PHOTO RELEASE

I certify that photographs or videotape pictures of my child participating in The Cornerstone Church programs may be reproduced and utilized in promotional materials for the Church.

DATED: Month: _____ Day: _____ Year: _____

Name of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____