THE CORNERSTONE YOUTH GROUP PERMISSION/WAIVER FORM

Event: Serving at the Blue Water Men's Mission, September 24, 2025.		
Student Name		
Address		
City	State	Zip
Parent/Guardian(s)Name		
Home Phone	Cell Phone	
In case of emergency, contact		Phone
Special concerns (allergies, medica	ations, medical	conditions, etc.)
PERMISSION AND TRANSPORTATE I give permission for my child to part the adult/s leading the trip.	_	rent mentioned above and to be driven by
Cornerstone Church. I acknowledge measures to minimize the risk of	that although Tinjury to partici	nerent in the events and programs of The The Cornerstone Church has taken safety ipants, The Cornerstone Church cannot ises, and/or activities will be free from
this trip, I agree that The Cornersto employees, trustees, and volunteers loss to my child, and/or anyone claim indemnify, and defend The Cornersto	one Church, a no s will not be liab ning on my child' one Church, its o damage during	ng and permitting my child to participate in ion-profit corporation, its agents, officers, ole for any injury, death, damage, and/or 's behalf. I further agree to hold harmless, officers, agents, employees, trustees, and of the trip, whether such injury, illness, or
PHOTO RELEASE I certify that photographs or videotal Church programs may be reproduced		my child participating in The Cornerstone promotional materials for the Church.
DATED: Month:	Day:	Year:
Name of Parent/Guardian		Date
Signature of Parent/Guardian		