

# Consent & Release Form - Minor

## the Rock

High School Ministry

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Activity: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Location of Activity: \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, have been informed of the above activity sponsored by Cornerstone Community Church and hereby give my consent for my minor child to participate in this activity. I am voluntarily allowing my child to participate in these activities, including transportation to and from such activities, with knowledge of the dangers and risks involved. I hereby agree to accept any and all risks of injury or death arising out of such participation and transportation.

I understand that all reasonable safety precautions will be taken by the leaders of this activity and that the possibility of an unforeseen hazard does exist. In such case, I along with any family member or representative of any kind of the minor and/or myself, further agree not to hold Cornerstone Community Church, its leaders, employees, and volunteer staff liable for any and all damages, losses, diseases, or injuries incurred by the minor listed above.

I HAVE CAREFULLY READ THIS RELEASE AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AN ASSUMPTION OF RISK, AND A PROMISE NOT TO SUE OR MAKE A CLAIM, AND I SIGN THIS OF MY OWN FREE WILL.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

Executed at \_\_\_\_\_, California, on: \_\_\_\_\_  
(City) (Date)

\_\_\_\_\_  
(Parent/Legal Guardian's Name- PLEASE PRINT) (Phone Number)

\_\_\_\_\_  
(Signature) ( ) Parent ( ) Legal Guardian

**Parental/Guardian signature is required for participants under 18 years of age.**

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I hereby consent to any x-rays, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. In the event I cannot be reached in an emergency, I give permission to the activity leader(s) to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my child. I understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. Further, as parent or legal guardian I hereby agree that I am financially responsible, either personally or through my health insurance plan, for any dental, medical, or hospital care or treatment that is given to my child. Any policy of Cornerstone Community Church will be used as secondary coverage.

Executed at \_\_\_\_\_ California, on: \_\_\_\_\_  
(City) (Date)

\_\_\_\_\_  
(Parent/Legal Guardian’s Name-PLEASE PRINT) (Phone Number)

\_\_\_\_\_  
(Signature) ( ) Parent ( ) Legal Guardian

**Parental/Guardian signature is required for participants under 18 years of age.**  
**This consent form shall remain in effect for one year from the date signed.**

Minor’s Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Medical Insurance Information**

Insurance Company: \_\_\_\_\_ Phone Number:(\_\_\_\_\_) \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Doctor’s Name: \_\_\_\_\_ Phone Number:(\_\_\_\_\_) \_\_\_\_\_

Dentist’s Name: \_\_\_\_\_ Phone Number:(\_\_\_\_\_) \_\_\_\_\_

**Emergency Contact Information**

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

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Home Phone:(\_\_\_\_\_) \_\_\_\_\_

Cell/Pager: (\_\_\_\_\_) \_\_\_\_\_ Cell/Pager:(\_\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_\_) \_\_\_\_\_

**Health History**

Allergies (medicine, food, etc.): \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Physical Impairments: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_