Cornerstone Baptist Church Swanzey, NH

Ministry Activity Consent and Rel ease Form

I the undersigned parent or guardian h	ereby consents to my child, (child's name),
participating in	(activity), an event sponsored by Cornerstone (date). I certify that my child is able to participate in these
activities. If my child has medical co	nditions that may be relevant to a physician in the event of an
emergency, I have listed them below.	In the event an emergency occurs, I may be reached at the
telephone number listed below. If I can	not be reached, I hereby authorize Cornerstone Baptist Church or
•	lecisions for my child. If there are any activities I do not want my
child to be involved in, I have listed ther	
I UNDERSTAND AND HEREBY AC	GREE TO ASSUME ALL OF THE RISKS WHICH MAY BE
	IVITY, INCLUDING ACTIVITIES PRELIMINARY AND
	eration for my child being permitted to participate in the activity, I
	nd its agents, employees, and volunteers harmless from, and to
• •	ons, causes of actions, claims, expenses, including attorneys fees,
	child, even injury resulting in death, which I now have or which
	th my child's participation in the activity and any other associated
	thurch, and its agents, employees, and volunteers harmless from,
C	y, actions, causes of actions, claims, expenses, including attorneys
•	to a Third Party or his property which may arise in the future in
connection my child's participation in the activity and any other associated activities.	
	•
I expressly agree that this release, waive	er, and indemnity agreement is intended to be broad and inclusive
as permitted by the law of the State of I	NH and that if any portion thereof is held invalid, it is agreed that
•	inue in full legal force and effect. This release contains the entire
agreement between the parties hereto an	d the terms of this release are contractual and not a mere recital.
Y C. d d Y WAYER GARDENY	A V DE A DE EVILLE E O DE CONTIGUE DE VELCE AND VINOVE EVILLE
	LY READ THE FOREGOING RELEASE AND KNOW THE
	N THIS RELEASE AS MY OWN FREE ACT. This is a legally
binding agreement that I have read and u	inderstand.
Parent or Guardian	Date
Parent or Guardian	Date
MEDICAL CONDITIONS TO BE AWA	ARE OF:
TELEPHONE NUMBERS WHERE I MAY BE REACHED IN AN EMERGENCY:	
L DO NOT WIGH MY CHILD TO BE	
I DO NOT WISH MY CHILD TO PAR	HUPATE IN THE FULLOWING:

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