

Annual Generic Permission Slip

Cornerstone Community Church

I, _____, am the parent or legal guardian of
Name of parent or guardian

_____, hereinafter, "my child", who was
Name of minor/special needs individual

born on _____ / _____ / _____.

My child is attending and participating in the activities of Cornerstone Community Church located at 1417 W. McMillan Street in the City of Marshfield, Wisconsin.

I give permission for my child to participate in the activities connected with Cornerstone Community Church for the school year beginning September 1, 2017-August 31, 2018. I understand that my child may participate in various physically challenging games, eating food, and listening to Biblical instruction. I have and will continue to advise my child to act responsibly in all the above activities. If I have deemed any of the above activities as being disallowed for my child, I have or will communicate that to my child and leave the responsibility of abstaining from such activity to my child.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Cornerstone Community Church and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I understand that images in the form of pictures and or videos may be recorded of my child in the above stated settings. I give permission for these to be displayed and/or distributed in relationship to the promotion and/or review of a Cornerstone Community Church activity.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Wisconsin and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

In the event of an emergency and when I cannot be contacted, I also hereby authorize a representative of Cornerstone Community Church, into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child.

The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child/teen.

I also further hereby authorize a representative of Cornerstone Community Church, to receive physical custody of my child upon completion of any treatment.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon.

Dated _____ / _____ / _____

Signature of parent or legal guardian

Contact/Medical Information Slip – 2017-2018

September 1, 2017-August 31, 2018

For Cornerstone Community Church Sponsored Events

Name _____		Grade _____	
Address _____		City _____	
State _____	Zip _____	E-mail _____	
Birth Date ____/____/____			
Allergies _____			
Any Special Medical or Behavioral Instructions _____			

<i>(if necessary, please attach page with detailed explanation)</i>			

Mother's Name _____ Father's Name _____

Mother's Cell _____ Father's Cell _____

Mother's E-Mail _____ Father's E-Mail _____

In the event that I/we can't be reached, an emergency call may be made to the following person:

Name _____ Home Phone _____ Cell Phone _____

Parent / Guardian Signature _____

(Signature required)