



## 2019-2020 Student Release Form

Student's Name \_\_\_\_\_ Gender \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
street city state zip

Primary Phone \_\_\_\_\_ Cell \_\_\_\_\_ Birthday: \_\_\_\_\_  
month day year

Email \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Mother \_\_\_\_\_ Phone (primary) \_\_\_\_\_ (other) \_\_\_\_\_

Father \_\_\_\_\_ Phone (primary) \_\_\_\_\_ (other) \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Phone \_\_\_\_\_

### HEALTH INFORMATION

Please list any known allergies \_\_\_\_\_

Please list any medications taken on a regular basis and what they're treating:  
\_\_\_\_\_ for \_\_\_\_\_ and  
\_\_\_\_\_ for \_\_\_\_\_

Please list any other medical information that would be helpful for our staff to be aware of \_\_\_\_\_

\_\_\_\_\_ has my permission to be involved in the youth ministry at Cornerstone Community Church of

**Student's full name**

Greeley, to regularly participate in weekly gatherings and to take place in Cornerstone's youth ministry sponsored activities. I understand that an additional release form or waiver may be needed for some trips and retreats. In case of emergency I understand that a reasonable effort will be made to contact me. If I cannot be reached, I hereby give an agent of Cornerstone Community Church of Greeley the permission to act in my behalf to seek emergency medical treatment for my child in the event that such treatment is deemed necessary by him/her. I give permission to any licensed physician selected by this agent to administer such emergency treatment as said physician in his/her judgment deems necessary in the circumstances; and hereby absolve Cornerstone Community Church of Greeley, its agents and employees, from any and all liability resulting from their performance with these instructions.

Cornerstone Community Church of Greeley records children, including video and audio recordings and photographs, in various activities at church-related functions. I understand and agree that Cornerstone Community Church of Greeley will own any such recordings (audio, video, photographic, electronic, and print) of my child and I authorize Cornerstone Community Church of Greeley to use such recordings for advertising, promoting, or providing products or services of Cornerstone Community Church of Greeley. I waive any claim for compensation related to Cornerstone Community Church of Greeley's use of recordings of my child. I agree not to hold Cornerstone Community Church of Greeley and its officers, employers, and agents liable in any way arising out of, or relating to, the use of recordings of my child.

Parent / guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_