

# Cornerstone Collective Waiver and Release Form

Children's Names and birthdates:

\_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

I, \_\_\_\_\_, understand my child's/children's participation in the collective activities and events (including but not limited to outdoor school, active play, sports, etc) is granted by me. I understand that the selected activities may involve accidental injury and hereby voluntarily assume such risks. Knowing these risks, I want my child/children to participate in these activities and events. I (on behalf of my child/children) hereby assume the risk, and hereby waive, release, and discharge Cornerstone Collective, Cornerstone Baptist Church, its officers, employees, activity instructors and assistants, and all officers and employees of the church, community center sites or other venues where said activities will take place, for any and all claims for damages for personal injuries, or claims for damages to property, which my child/children or my child's/children's heirs, assigns, executors or administrators may have or which may accrue to my child's participation in these activities.

**[Health waiver]** I further acknowledge, understand, appreciate, and agree that my child's/children's participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, Strep, Influenza, COVID-19 and any other communicable diseases. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others and assume full responsibility for my participation and exposure.

**I have read the above and understand important legal rights are being waived.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

I consent to Cornerstone Collective use of any photographs or video recording that are taken of my child/children while participating in activities for use in communication and / or marketing such as brochures and program materials that are distributed both as printed document and on the internet. No payment will be made for use of these photographs and/or videos. Your child's/children's names would never be used in connection with these images.

Accept \_\_\_\_ Decline \_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_