



Youth Participant Agreement/Waiver Form

Youth Participant Name:

First Name

Middle Name

Last Name

Preferred Name, if not First Name

Parent/Guardian Name(s):

Contact Information:

Mailing address: _____

Youth Phone: _____

Parent/Guardian Phone: _____

Please fill in the best way to reach you (youth participant):

E-mail: _____

Facebook: _____

Instagram: _____

SnapChat: _____

Information about you:

Age: _____

Gender: _____

Grade: _____

Favorite interests/hobbies:

Emergency/Contact Information

Emergency Contact if Parent/Guardian cannot be reached

Name: _____

Relationship: _____

Phone Number: _____

Medical History

Medication: _____

Allergies: _____

Other medical concerns/restrictions:

Medical Information:

Clinic: _____

Provider's name: _____

Dentist: _____

Dentist's name: _____

Type of Insurance: _____

Insurance Number: _____

Waiver and Release:

I, and all named individuals above, agree to abide by the rules and regulations set by CornerStone. I understand that violations of the rules and regulations, or misrepresentation of information on this form, may result in restriction, revocation, reduction or loss of program privileges.

I hereby waive and release CornerStone, its officers, agents and employees, from and against any claims, suits, losses, or related causes of action for damages, including attorney's fees and court costs, that may result from injury or death, accidental or otherwise, during, or arising from my child's participation in a recreation program, including transportation to and from activities associated with the program, and any resulting illness and/or injury, and I agree to indemnify and hold harmless CornerStone from and against any and all such claims. I recognize that recreational events or activities being entered into by my child can pose possible dangers to my child and I accept those dangers. I understand that if my child is injured, this waiver will be used against me and anyone else claiming damage in any legal action because of my child's injury. I hereby acknowledge that I understand and am familiar with the nature of the activities in which my child will participate at this facility, and affirm that I will inform CornerStone workers if my child has a physical or emotional condition, past or present, of which I am aware, which would in any way adversely affect my child's ability to participate in youth programs (see CornerStone ADA Accommodation policy). I also understand that I should have health and accident insurance to cover injuries arising from participation in recreation programs. I also understand that I am responsible for immediate pick-up of my child upon completion of the program the child was registered in.

In case of emergency, I give my permission for emergency medical treatment of my child and for transportation to such treatment.

I, and all named individuals above, agree to abide by the rules and regulations set by CornerStone. I understand that violations of the rules and regulations, or misrepresentation of information on this form, may result in restriction, revocation, reduction or loss of program privileges.

I, the undersigned, have read, understand, affirm, and agree to the above statements.

Youth Participant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Photo/Video Consent:

I understand that CornerStone workers are authorized to use and publish photos of youth participants and workers in print or electronically on behalf of the organization.

I understand that CornerStone may use such photographs with or without my name for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and web content.

I affirm I have read and understand the above and I grant CornerStone permission to take photographs of me.

Youth Participant Printed Name: _____

Youth Participant Signature:

Yes, I grant permission: _____

No, I do not grant permission: _____

Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature:

Yes, I grant permission: _____

No, I do not grant permission: _____

Date: _____