

## Release and Authorization

As the parent of the minor(s) named below, I do hereby give my consent to my child(ren)'s participation in \_\_\_\_\_ (name of event) with the Cornerstone United Methodist Youth on \_\_\_\_\_ (date of event). In recognition of the hazards involved in this activity, I hereby authorize the leader in charge of this activity to engage for and authorize medical services for my child(ren), should the need arise. I further release and discharge Cornerstone United Methodist Church, it's members, agents, employees, and others associated with this activity from any and all claims for damages due to injuries arising from my child(ren)'s participation in this activity, and agree to indemnify Cornerstone United Methodist Church, it's members, agents, employee's, and others associated with this activity, from any loss, damages, and attorney's fees that might be incurred by them due to my child(ren)'s participation in this activity whether caused by negligence or otherwise.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

Print Minor Child(ren)'s Name(s) \_\_\_\_\_

\_\_\_\_\_