

ADULT LIABILITY FORM

CORNERSTONE CHRISTIAN CENTER

Annual Liability Release/Consent to Travel/Medical Release

I, _____, being 18 years of age or older, hereby release Cornerstone Christian Center, its agent, assigns, employees and volunteer assistants from any liability whatsoever arising out of injury, sickness, or damage which may be sustained by myself during the course of my travel on trips and activities sponsored by Cornerstone Christian Center from September 1, 2012 to September 1, 2013.

MEDICAL RELEASE

I, _____, being 18 years of age or older do further give my consent for the director or properly appointed staff member of Cornerstone Christian Center to secure the administration of medical treatment or medication for myself in case of emergency, and I do further agree to the performance of such treatment, anesthetics, and operations as in the opinion of the attending physician is deemed necessary for myself.

(IN THE SECTION TITLED 'MEDICAL INFORMATION' ON PAGE 2 OF 2, LIST ANY MEDICATION OR TREATMENT THAT SHOULD NOT BE ADMINISTERED TO YOU BECAUSE OF DANGEROUS REACTIONS)

