

**PARENTAL CONSENT FORM & RELEASE (Minors Only)**

---

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Phone (H): \_\_\_\_\_ Parent's Phone (C): \_\_\_\_\_

To Whom It May Concern:

I, the undersigned, do hereby give permission for my child, \_\_\_\_\_ to attend and participate in the Restoring Hope Ministries Bike Tour ("Bike Tour") sponsored by Cornerstone Evangelical Free Church ("Cornerstone").

I hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the Bike Tour sponsored by Cornerstone. I hereby give permission for my child to be under the specific supervision of \_\_\_\_\_ who is an adult participating in the Bike Tour.

I hereby confirm that the attending representatives of Cornerstone have been authorized to administer appropriate disciplinary and safety measures with respect to my child.

**LIABILITY RELEASE AND MEDICAL RELEASE**

**Liability Release**

I, \_\_\_\_\_, being an adult (of 18 years or older), do hereby release Cornerstone, its agents, assigns and successors in interest from any liability whatsoever arising out of injury, sickness, damage, or death, which may be sustained by my child or minor during any activity or travel function which takes place in connection with the Bike Tour. I understand that such activities may include, without limitation, travel on a bicycle and/or automobile, outdoor games and activities, and gym games and activities.

**Consent to Medical Treatment**

I also consent to Cornerstone or any attending representative of Cornerstone to seek the administration of medical treatment or medication deemed necessary for my child or minor by the attending medical provider at a local facility by a local medical provider during the Bike Tour, and I agree to be financially responsible for all such treatment. I hereby release Cornerstone from any and all liability, claims or responsibility arising from such medical treatment or failure to secure any such medical treatment. I have informed the attending representatives of Cornerstone of: medical treatment and/or



medication which my child or minor is currently under-going or taking, all restrictions on medical treatment to be provided, all allergies to food or medication, and special medical requirements. Cornerstone is deemed justified by me in relying upon that information and the attending representatives of Cornerstone in securing appropriate emergency medical treatment during the Bike Tour. I have supplied Cornerstone with the necessary emergency contact information in the event such attending representatives are unavailable to seek same.

Main Emergency Contact

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Pager: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Hospital Insurance Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

I give permission for my child to have ibuprofen or acetaminophen if necessary. Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Medical Information for minor: (allergies, medications, special conditions, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

During Cornerstone events, pictures and/or videos are often taken. These may be posted on our website and/or promotional materials. Do we have your permission to use such media of your child?  
Yes \_\_\_\_\_ No \_\_\_\_\_

By signing below, I affirm that I fully agree to all of the above statements and that all of the information provided on this form and to the attending representatives of Cornerstone with respect to the subject minor is complete, accurate and true to the best of my knowledge.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date