

CORNERSTONE RECOVERY RELEASE FOR
Summer 2008 Wilderness Trip
Cornerstone Recovery, Inc
(Please print)

Participant's Full Name: _____

Date of Birth: _____ Age: _____ Social Security Number: _____

Street Address: _____

City, State, Zip: _____

Email Address: _____

Emergency Contact Information:

Name: _____

Relationship to Participant: _____

Street Address: _____

City, State, Zip _____

Preferred contact #1: _____ Preferred Contact # 2 _____

Phone # to call in case of Emergency (1) _____ (2) _____

Physician: _____ Phone Number: _____

IF PARTICIPANT IS UNDER 18:

My child, _____, has my permission to attend and participate in the above named event sponsored by Cornerstone Recovery. I represent that my child is healthy and capable of participation in said event without causing risk of danger, illness, or accident to him or herself, or to others. I agree to hold harmless the leaders of Cornerstone Recovery in the event of accident or injury. I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered by insurance or not..

Custodial Parent or Legal Guardian Signature: _____

Relationship to Participant: _____ Date: _____

Signature of Participant if over age 18 _____

I represent that by signing this form I am over the legal age of 18 and am healthy and capable of participation in said event without causing risk or danger, illness, or accident to self or others.

Witnessed by _____ **Date** _____