

*****PLEASE REVIEW before REGISTERING*****

Medical Information that will be completed during online registration:

- Name
- Address
- Year of Birth
- Emergency Contact Name & Phone Number
- Physician's Name and Phone Number
- Medications
- Drug Allergies/Intolerance
- Medical Insurance Company

Photograph and Publicity Release answered during online registration:

Answering **YES** means:

- I give The Cornerstone Catholic Scripture Study permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of The Cornerstone Catholic Scripture Study activities.
- I agree that The Cornerstone Catholic Scripture Study has complete ownership of such pictures and media as stated above, including the entire copyright, and may use them for any purpose consistent with The Cornerstone Catholic Scripture Study's missions.
- These uses include, but are not limited to: illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, websites, and any promotional or educational materials in any medium now known or later developed including the Internet.
- I acknowledge that I will not receive any compensation for the use of such pictures, etc., and hereby The Cornerstone Catholic Scripture Study and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.
- I have read and understood this consent and release. I give my consent to The Cornerstone Catholic Scripture Study to use my name and likeness to promote The Cornerstone Catholic Scripture Study program and/or their activities.

Answering **NO** means:

- I do not give my consent to The Cornerstone Catholic Scripture Study to use my name and likeness to promote The Cornerstone Catholic Scripture Study and/or their activities.