

Medical Power of Attorney / Liability Release Form

I, _____, do hereby extend and grant full authorization and power of attorney to the staff, volunteer or designated event coordinator in attendance of Pioneer Memorial Presbyterian Church for the purpose of obtaining, permitting and authorizing medical and/or dental care and treatment, including surgery, and any other necessary medical or dental procedures, for and on my behalf of my child, _____, while on an authorized activity with Pioneer Memorial Presbyterian Church and such person, or persons, shall be fully authorized and have full power of attorney on behalf of the undersigned to execute any and all consent forms, admission papers and any other documents attendant to procuring such necessary medical or dental care and treatment.

In addition, I hereby release Pioneer Memorial Presbyterian Church, its staff, employees and volunteer leaders from any and all liability or from any and all claims, demands or causes of action related to injuries sustained during any authorized activity with Pioneer Memorial Presbyterian Church.

This release and power of attorney shall be in full force and in effect from and including June 20, 2026 - June 29, 2026.

Signature _____ Date _____

Printed Name _____

Relationship _____

Photo / Videos Consent Form

Pioneer Memorial Presbyterian Church

35100 Solon Road * Solon, Ohio 44139

440.248.5260

I, _____, give consent for Pioneer Memorial Presbyterian Church to use or reproduce any photographs in which my child may appear solely for the purposes of publicity and promotion of its current and future events, activities, or programs in print and/or on the internet, including but not limited to the Pioneer Memorial Presbyterian Church website www.pioneersolon.org, Facebook, and Instagram.

Signature _____ Date _____

Printed Name _____ Relationship _____