



Laredo Stepping Stone  
P.O. Box 450749  
Laredo, TX 78045  
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[laredosteppingstone@gmail.com](mailto:laredosteppingstone@gmail.com)

## Participant Individual Release Form

Please sign below and turn in one form for each participant upon arrival at Laredo Stepping Stone.

I, \_\_\_\_\_ (*minors must have parent's name here*), speaking for myself or my child, do hereby agree to release and hold harmless Laredo Stepping Stone, its staff, its board, and all supporting ministries of any responsibility for accidental injuries, sicknesses or incidents sustained during our time at Laredo Stepping Stone. We do hereby give the staff of Laredo Stepping Stone permission to hospitalize, secure treatment as deemed necessary should the leader of the group not be available to make said decisions. I also acknowledge that I have read and agree to the policies and procedures of Laredo Stepping Stone, and that if I violate any rules of the facility there or otherwise posted, that I can be asked to leave at my own expense without repercussions to Laredo Stepping Stone. This decision is to be determined by the board or the on duty Director. I hereby understand and consent to the use of any photographs/videos taken at the facility or Laredo Stepping Stone sponsored activities to be used in the use of Laredo Stepping Stone promotional materials.

I, \_\_\_\_\_ (*attendee name*), have read and agree to abide by the policies set forth by Laredo Stepping Stone and understand that if I violate these, I can be asked to leave the facility at my own expense.

Attendee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature (*if Attendee is under 18*): \_\_\_\_\_ Date: \_\_\_\_\_

Church / Group Attending With: \_\_\_\_\_