

Release Form
Stellar VBS 2023

Hilmar Covenant Church | 20056 American Ave. Hilmar, CA 95324 | 209-668-0400

Fill in and sign your name to give permission and release for your child to attend “Stellar” at
Hilmar Covenant Church (HCC). *One Per Child.*

Permission, authorization to Treat a Minor, Liability, Accidental Injury, & Photo Release

Child’s Name: _____

I, _____ (parent/
guardian first & last name) hereby grant permission for my child listed above to participate the
Summer Vacation Bible School (VBS) program entitled “Stellar” from June 12 — June 16, 2023,
hosted and held at Hilmar Covenant Church. I understand that children participating in “Stellar”
will be under the supervision of, and will be responsible in conduct to, VBS leaders at all times.

I/We, the undersigned parents/guardians of the child listed above, a minor, do hereby authorize
HCC, as agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, medical or
surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered
under the general or specific supervision of any physician and surgeon licensed under the
provisions of the Medical Practices Act, on the medical staff of a licensed hospital, whether such
diagnosis or treatment is rendered at the office of said physician or at said hospital. I/We hereby
give permission for my/our child to attend “Stellar”. I/We give permission to take any necessary
action in the event of an emergency.

I/We, the parent(s)/guardian(s) of the child listed above hereby acknowledge that my/our child
and I/we freely and voluntarily have chosen to participate in “Stellar” conducted by HCC. I/We
hereby agree to defend, protect, save and hold harmless HCC, participating private entities, and/
or any cooperating or sponsoring public entities and their respective agents from any liability for
accidental personal injury, accident, illness, death, or property damage which I/we or my/our
child may suffer arising out of his/her/their participation in HCC programs.

I/We the parent/guardian of the child listed above realize that pictures may be taken at “Stellar”
for fun memories and/or future promotional purposes and hereby give permission for my/our
child to be photographed.

Parent/Guardian Name (print)

Signature

_____/_____/_____
Date