



Vacation Bible School Waiver Release Form

Please submit all completed Registration/Permission/Waiver forms to Pinnacle Presbyterian prior to June 2nd for your child(ren) to participate in VBS.

Email: hmcginn@pinnaclepres.org **Fax:** (480) 502-0061 **Phone:** (203) 970.6204

Address: VBS Director c/o Pinnacle Presbyterian Church, 25150 North Pima Rd, Scottsdale, AZ 85255

Child Name(s) _____

Parent/Guardian Name(s) _____

Address _____

Phone _____ **Parent Email Address(es)** _____

LIABILITY RELEASE In consideration of Pinnacle Presbyterian Church allowing the above child(ren) to participate in Vacation Bible School activities, on 6/2/25 - 6/6/25 from 9:00 am - 12:00 pm. I, the undersigned, do hereby release, forever discharge, and agree to hold harmless Pinnacle Presbyterian Church, its directors, employees, volunteers, and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. As well as releasing the child(ren), if necessary, for transportation to and from the Vacation Bible School location, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless Pinnacle Presbyterian Church, its directors, employees, volunteers, and agents from any and all liability, claims or demands for accidental personal injury in the process of transportation.

MEDICAL TREATMENT PERMISSION I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child(ren) pursuant to this authorization.

I hereby give permission for my child(ren) to participate in Vacation Bible School at Pinnacle Presbyterian Church on 6/2/25 - 6/6/25.

Signature _____ **Date** _____