



TREE OF
LIFE
CHURCH

Vacation Bible School Parent/Guardian Consent Form

July 16th -19th, 2019, 6:30 p.m. – 8:30 p.m.

****Required for participation, one per child****

Child's Name (Last) _____ (First) _____

Address _____ City/St _____ Zip _____

As the parent or legal guardian of my child, _____, I hereby consent for my child to attend and participate in all activities provided by the Tree of Life Church in their Vacation Bible School program. I hereby consent to any treatment deemed advisable in an emergency by a nurse/physician. I also release, indemnify and hold harmless from any liability, the United Pentecostal Church International, The Ohio District, Tree of Life Church, and the City of Montgomery, their employees and staff of any damage be it real or personal.

Check one of the following:

- I give consent to take photos of my child during VBS and to be used in the VBS video
- I DO NOT give consent to take photos of my child

Parent/Guardian Print Name: _____

Signature: _____ Date: _____

Additional Information (exclude from the following activities):
