Lolo Community Church VBS Liability Release 2022

Participant Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1)Medical Release: I give my permission for the VBS/Lolo Community Church volunteers to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBS volunteer will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by parent or guardian.

2)Permission to Attend: I give permission for my child (named above) to attend VBS/Lolo Community Church. I understand that the information I give for this registration will only be used by the VBS hosting church.   
  
3)Photo Release: I hereby grant VBS/Lolo Community Church permission to take photographs and/or videos at VBS of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in publications, presentations, websites and promotion of VBS in conjunction therewith, or the use to which it may be applied. \* Please Circle Yes or No  
Yes  
No

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_