



CHRIST CHURCH

SUMMER VACATION BIBLE SCHOOL 2025

July 7 – 11, 9:00am – 12:00pm

Vacation Bible School Participation Waiver and Medical Consent Statements

Please read carefully:

1. I understand as a parent/guardian of a child who is a participant at Christ Church Stouffville, my child will participate in activities including but not limited to physical activities, group games, and learning activities on the grounds of Christ Church Stouffville, including the parking lot and surrounding grassy areas.
2. I agree that the choice to participate brings with it the assumption of those risks and results that are part of these activities resulting from any cause whatsoever including, but not limited to: scrapes, bruises, and other minor injuries sustained in physical activity indoors and outdoors.
3. I agree that Christ Church Stouffville, its volunteers and employees, shall not be liable for any personal injury to my child or any loss/damage to my child's personal property arising from, or in any way resulting from, my child's participation in these activities due to any cause whatsoever.
4. I authorize Christ Church Stouffville to administer first aid to my child and to secure medical care for my child in an emergency.
5. I certify that the information provided in this registration form is, to my knowledge, true and complete.
6. I have read and understood the above waiver and consent and confirm that I am the parent or legal guardian of the child mentioned herein who is a minor.

☐ **I have read and agree to these terms**

Acknowledgement

1. **Review of VBS Participation Waiver:** I have had full opportunity to review the **Waiver** and fully understand the terms of the **Waiver**.
2. **Reliance:** Christ Church Stouffville is relying on this Acknowledgement and Waiver in entering into this Agreement.

Name of Parent/Legal Guardian _____ Date _____

Signature of Parent/Legal Guardian _____