

I, _____ give my permission for _____
(Parent or Guardian) (Student Name)

to participate with other youth and adults from Saint Andrew's Presbyterian Church on any and all events or trips that will occur from **September 2018 through October 2019** . In the unlikely event of an emergency, I give my permission for my student to be treated by an accredited physician in an approved emergency clinic or hospital. I designate the adult leaders for the group with the authority to act on my behalf and order appropriate treatment. I further release from any liability the Presbytery of the Pacific and Saint Andrew's Presbyterian Church and its officers and approved emergency clinic leadership, in the event of any accident en route during and returning from these events. I expect to be contacted as soon as possible.

*** If we cannot provide proof of medical insurance, I will sign a waiver releasing liability (see back)**

Signature of Parent or Guardian

Date signed

Photo Release: I agree that the above-named participant may be photographed or videotaped during the week of VBS and that this photo/video may be used - without the participant's name included - by St. Andrew's Presbyterian Church in publicity, i.e. brochures, internet postings, website postings and media contacts. I acknowledge that no further notice is needed by the church prior to the release of the photo/video. Please initial by your appropriate photo release response:

___ Yes, I approve

___ I approve, but only for use of VBS group photos that include no mention of children's names.

RETURN COMPLETED FORM BEFORE THE START OF VBS TO:

St. Andrew's Presbyterian Church Office

Liability Waiver

NOTE: Please complete and sign only if you do not have medical insurance for your child.

I _____ do not have medical insurance for my
(Parent/Guardian)

Child _____ I understand that by putting my child in the children's programs at St. Andrews that I incur full responsibility for any medical expense that may result from my child's participation. Saint Andrew's Presbyterian Church and the Presbytery of the Pacific will not be responsible for any emergency medical expenses incurred.

Parent Signature _____
Date _____