

Calvary Lutheran Church – VBS Medical Release and Waiver Form

Effective dates: August 4-8, 2025

Participant Information

Please print in ink

Name: _____ Age _____ Birthday _____
 LAST F RST M DDLE

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____

Medical Insurance Company _____ Policy Number _____

Insurance Company Address _____ Group # _____

Mother’s Name _____ Cell # _____ Work # _____

Father’s Name _____ Cell # _____ Work # _____

Emer. Contact _____ Cell # _____ Work # _____

Physician _____ Office Phone _____

Dentist _____ Office Phone _____

BEHAVIORAL NOTICE

Calvary Lutheran Church expects each participant to conform to these rules of conduct:

- Participation with the group is expected
- Act in a Christian manner at all times
- No bullying
- Respect property
- Respect other participants, staff, and volunteers
- Respect and comply with event schedules

Calvary reserves the right to send home students who fail to comply with the expectations listed above

PARENTAL AGREEMENT

Name of Participant: _____ has my permission to attend events sponsored by Calvary Lutheran Church (hereinafter the “Church”).

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child’s involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/ or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: _____