

## Scuba VBS Media Release/Medical Waiver

St. Philip's VBS - July 14-17, 2025 and VBS Sunday - July 20, 2025

Child's Name \_\_\_\_\_

Permission to use Photos-VBS only: I hereby grant St. Philip's United Methodist Church the unrestricted right to use and publish photographs or other images of the above listed child(ren), or in which the above listed child(ren) may be included, in any print, electronic, digital or other media; and to alter the same without restriction. I understand that the name of my child will not be included with any photograph or image used in any medium. I irrevocably assign such photographs' and images' rights and uses to St. Philip's United Methodist Church into perpetuity. I hereby release St. Philip's United Methodist Church and its legal representatives and assigns from all claims and liabilities relating to said photographs and images. Note that we NEVER publish names of children in any pictures, in ANY format, without express written consent.

Yes \_\_\_\_\_ No \_\_\_\_\_

In the event of a medical or dental emergency where medical treatment is required, I give my permission for the church staff or representative to obtain the services of a licensed physician. In the event treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult representative to give such consent for me if I cannot be contacted immediately. I agree to hold such person free and blameless of any liability for damages arising from giving such consent provided. It is expected that in case of accident or emergency that the parent or legal guardian will be notified as soon as possible.

Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_