



Medical Form

Event/Activity: 2024 Scuba Vacation Bible Experience.

Date of Event: July 14-20, 2024

Name: _____ Parent/Legal Guardian: _____

Name of Person to contact in case of an emergency (other than Parent): _____

Phone: _____ Alternative Phone: _____

Allergies - please list medication, food, or environmental: _____

Please list any medications to be taken by child (including dosage and times):

Special instructions or information: _____

I _____ [give [do not give] permission to the VBX Nurse to provide first aid in case of emergency. I authorize the nurse (if necessary) to take measures and arrange for medical and hospital treatment, on behalf of the health and well being of my child. I release Piedmont Park Seventh-day Adventist Church, the staff, and volunteers from claim of liability due to sickness or injury.

I accept all financial responsibilities concerning any medical emergency. I also accept responsibility to have my child picked up immediately in the event of illness, accidents or for disciplinary reasons.

Signature of Parent/Guardian: _____ Date: _____

Print your name and relationship to participant: _____



Media (Photo & Video) Release Form

Event/Activity: 2024 Scuba Vacation Bible Experience.

Date of Event: July 14-20, 2024

I _____ [] give [] do not give permission for my child _____ to be photographed and recorded/filmed during Vacation Bible Experience at Piedmont Park Seventh-day Adventist Church. I give permission to Piedmont Park Seventh-day Adventist Church to use those photographs, videos, and other recordings such as livestream, to be used only for promotion purposes in other activities, social media platforms and website sponsored by the church. I trust that the church, staff and volunteers will use this content appropriately by keeping my children safety and well being.

I have read and understand this agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Signature of Parent/Guardian: _____ Date: _____

Release of All Claims

In consideration for my child being allowed to participate in the Vacation Bible Experience activities sponsored by Piedmont Park Seventh-day Adventist Church, I hereby release, discharge, indemnify, and agree to hold harmless Piedmont Park Seventh-day Adventist Church, its directors, officers, and employees, agents and all volunteer personnel from any and all liability for personal injuries and/or damage(s), injury, or illnesses that may be suffered by (participant's name)

_____.

I HAVE FULLY INFORMED MYSELF OF THE CONTENT OF THIS RELEASE FORMS BY READING IT BEFORE I SIGNED IT AND HAVE RECEIVED PROPER INFORMATION REGARDING ITS CONTENTS AND THE ACTIVITIES INVOLVED.

Signature of Parent/Guardian: _____

Date: _____

Printed: _____