



Liability Waiver

I assume the responsibility and costs connected with the treatment for any injury that may occur to _____ while attending Vacation Bible School and release Angleton First United Methodist Church from any liability. I authorize treatment under the direction of any licensed physician in the event of a medical emergency which, in the opinion of the attending physician, may endanger life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the numbers listed below.

This release is valid for the duration of Vacation Bible School (June 10-14, 2019).

Signature _____ Date _____

Print Name _____ Relationship to child _____

(Cell) _____ (Home) _____ (Work) _____

Primary Physician _____ Phone _____

