



1. By completing this registration, I give permission for my child(ren) to participate in activities conducted by Ignite Church VBS and understand that with any physical activity there is a risk for injury. I fully accept this risk and give permission for Ignite Church staff/volunteers to provide treatment of any minor injuries that may occur. In addition, I also release Ignite Church staff/volunteers of any and all liability, claims, and costs that arise from any treatment given. In the event of an emergency that requires medical treatment, I give permission for Ignite Church staff/volunteers to seek medical services to provide the necessary care for my child/children. I take responsibility for all costs associated with any accident or treatment of my child/children.

2. I give permission for Ignite Church to use and release any photographs/videos that include my child(ren) in both print and electronic materials (church website, Facebook page, etc.) if there is no identifying information present.

I have read and agree to the terms and conditions stated above.

Signature of Parent/Legal Guardian: _____

Date: _____

****Please return this form with your child(ren) on Day 1 (or before).****