

VBS 2019

July 8 – July 12, 2019

**RELEASE OF LIABILITY, PHOTO RELEASE, AND CONSENT TO MEDICAL TREATMENT**

1. **Release of Liability.** I, for myself, my minor child and for the child’s other parent and/or guardian, hereby release, waive, discharge, and covenant not to sue Richardson SDA Church, and its officers, directors, employees, agents, volunteers, heirs and assigns of and from all liability, loss, claims, demands, possible causes of action, court costs, attorneys' fees and other expenses arising from any lawsuit that may otherwise accrue from any loss, damage or injury to my child’s person or property in any way resulting from or connected with my child’s attendance at VBS, including, without limitation, the failure of anyone to enforce rules and regulations, failure to make inspections, or the negligence of other persons.
2. **Photo Release.** I give permission for my child’s photo and/or video, which may be taken during the week, to appear on the church blog/website and the end of the week video.
3. **Consent to Medical Treatment.** In the event my child becomes ill or injured, I give my permission for a representative of Richardson SDA Church to take whatever steps are reasonably necessary to render emergency first aid to my child. I also consent to such emergency medical treatment as may be reasonably necessary to insure the health and welfare of my child including, but not limited to, x-rays, anesthetic, medical or surgical diagnosis and treatment, hospital care and administration of drugs or medicine under the care of a licensed physician and/or surgeon.

By signing here, I agree to the release of liability, photo release, and consent to medical treatment terms as listed above.

# Child/Children’s

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The person submitting this form represents that he/she is a parent or legal guardian of the child or children named herein, is at least 18 years of age and is legally authorized to submit this form on behalf of the child or children.**