**Program Wavier: VACATION BIBLE SCHOOL**

Information received is confidential and is being gathered for the purposes of serving your child while in the care of St. Albert Canadian Reformed Church. Any medical information collected serves to authorize St. Albert Canadian Reformed Church, and its staff and volunteers, to obtain medical assistance in case of emergency.

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| --- | --- |
| Child Name: |  |
| Parent/guardian Name: |  |
| Parent/guardian primary phone #: |  |
| In case of emergency, contact: |  |
| Allergies/other medical information: |  |

The safety of your child is our primary concern. Reasonable precautions will be taken for their wellbeing and protection.

I, as parent/guardian, named above, undertake and agree to indemnify and hold blameless St. Albert Canadian Reformed Church, its staff, volunteers, and officers from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the St. Albert Canadian Reformed Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in events of St. Albert Canadian Reformed Church.

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| **Signature of Parent/Guardian:** |  | |
| Printed Name: | | Date: |

***Photography Release***

I grant permission for the reasonable use of pictures containing my child to be used by St. Albert Canadian Reformed Church, solely for the purposes of promotional material and publications, and waive any rights of compensation or ownership thereto.

Please do not use any photos of my child.

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| **Signature of Parent/Guardian:** |  | |
| Printed Name: | | Date: |