



Treasured VBS Release Form

Name of Participant: _____

Parent/Guardian Emergency Contact Information

Name of Parent/Guardian: _____

Phone Number: _____

Note to parents/guardians: GACC strives to make your child's adventure at VBS a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information:

Participant allergies or medical needs: _____

Indemnity Agreement: I will not hold or attempt to hold Grand Avenue Christian Church liable for any loss, damage, or injury to person or property caused by any act or neglect of other persons, or caused in any manner other than the willful or negligent act of GACC, its agents and employees, and will indemnify and hold GACC harmless from any liability for damages or claims against GACC arising out of or in any way related to any such loss, damage, or injury. I release GACC, including its trustees, employees, and agents, from my child's physical injury, including death or illness while at the activity. I/We will assume the risk associated therewith, whether known or unknown to me/us at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

Authorization for Treatment: I/We hereby give permission to the medical personnel selected by GACC to secure and administer treatment, and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above-named person. I verify that the child named above is in good health and capable of participating in strenuous activities and, when necessary, will tailor their activities to those within the bounds of their physical health. I recognize that any medical treatment that is provided to my child while attending this activity will be paid for by my medical insurance company and guarantee payment for services not paid by insurance.

Signature: _____ Date: _____