

PARTICIPANT MEDICAL & PHOTO RELEASE FORM

Our Savior Lutheran Church Vacation Bible School

June 19 & July 17th, 2024 – 5:30-8:00 pm

331 Clendening Rd Gladwin, MI 48624

Print Child's First & Last Name: _____
Age: _____ Child's DOB: _____

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Age: _____ Child's DOB: _____

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Age: _____ Child's DOB: _____

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Age: _____ Child's DOB: _____

Parental/Guardian Consent: In the event of an emergency, or a situation that is reasonably considered to be an emergency, I, the parent/guardian give permission to Our Savior Lutheran Church to seek and authorize emergency medical care to be given to my child/children named above. (For example; first aid, medication, anesthesia, or surgery.) This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent(s). Our Savior Lutheran Church will make reasonable attempts to notify parents/guardians prior to authorizing any such emergency care. I hereby release Our Savior Lutheran Church from any liability or injury or damages suffered by the above child (ren) and agree to release indemnify and waive any rights by subrogation I may have, and hold harmless Our Savior Lutheran Church for claimed or asserted injury or damage to my child (ren).

I fully understand that my child/children must abide by all rules governing conduct and safety while attending Our Savior Lutheran Vacation Bible School Program activities.

Additionally, I give permission for my child/children to be photographed during activities associated with Our Savior Lutheran Vacation Bible School. I understand that said photos/videos may be used for the Our Savior VBS program, and that my child's/children's name will not be used with the image.

No, I would not like my child's/children's photograph to be taken.

Parent/Guardian Signature: _____

Date: _____

Printed Name: _____