

I, \_\_\_\_\_ give my permission for \_\_\_\_\_  
(Parent or Guardian) (Student Name)

to participate with other youth and adults from Saint Andrew's Presbyterian Church on any and all events or trips that will occur from **September 2017 through October 2018**. In the unlikely event of an emergency, I give my permission for my student to be treated by an accredited physician in an approved emergency clinic or hospital. I designate the adult leaders for the group with the authority to act on my behalf and order appropriate treatment. I further release from any liability the Presbytery of the Pacific and Saint Andrew's Presbyterian Church and its officers and approved emergency clinic leadership, in the event of any accident en route during and returning from these events. I expect to be contacted as soon as possible.

**\* If we cannot provide proof of medical insurance, I will sign a waiver releasing liability (see back)**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date signed

Photo Release: I agree that the above-named participant may be photographed or videotaped during the week of VBC and that this photo/video may be used - without the participant's name included - by St. Andrew's Presbyterian Church in publicity, i.e. brochures, internet postings, website postings and media contacts. I acknowledge that no further notice is needed by the church prior to the release of the photo/video. Please initial by your appropriate photo release response:

\_\_\_\_ Yes, I approve

\_\_\_\_ I approve, but only for use of VBS group photos that include no mention of children's names.

RETURN COMPLETED FORM BEFORE THE START OF VBC TO:

St. Andrew's Presbyterian Church Office

301 Ave D.

Redondo Beach, CA 90277

## Liability Waiver 2017-18

NOTE: Please complete and sign only if you do not have medical insurance for your student.

I \_\_\_\_\_ do not have medical insurance for my  
(Parent/Guardian)

Child \_\_\_\_\_ I understand that by my child attending any youth  
(Student)  
events that the Saint Andrew's Presbyterian Church and the Presbytery of the Pacific will not be responsible for any emergency medical expenses incurred. I also understand that Saint Andrew's Presbyterian Church and the Presbytery of the Pacific will not be held liable for my child's actions that might involve a law suit.

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

Date \_\_\_\_\_