

# Medical and Liability Release

To whom it may concern:

I/We hereby give permission for our/my child/children, (print name of child/children)

\_\_\_\_\_,  
to attend and participate in **SHIPWRECKED VBS**, sponsored by **Gospel Tabernacle, A/G** on  
**June 25 thru June 29, 2018.**

I/We understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I/We cannot be reached in an emergency, I/We hereby give permission to the physician or dentist selected by the activity leader to hospitalize or to secure medical treatment for our/my child/children is given as necessary. I/We understand that my insurance coverage for my/our child/children will be used as primary coverage in the event medical intervention is needed.

I/We understand all reasonable safety precautions will be taken at all times by **Gospel Tabernacle, A/G** and their staff. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold **Gospel Tabernacle, A/G** and its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

## Promotional Release

I/We hereby consent to the use of any videotape, photographs, slides, audiotapes, or any other visual or audio reproduction in which my/our child/children may appear. I/We understand that these materials are being used for promotion for **Gospel Tabernacle, A/G**. I/We release **Gospel Tabernacle, A/G** from any liability connected with the use of my/our child/children picture or voice recording as part of any promotional, recruitment, or fund-raising program.

## Authorization

**(If participant is under 21, both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign. We will not be held responsible for withheld information.)**

Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Print Name) (Signature)

Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Print Name) (Signature)

Witness: \_\_\_\_\_ Date \_\_\_\_\_  
(For **Gospel Tabernacle, A/G Staff**)