



First United Methodist New Philadelphia



VBS Registration Form

Child's Name (*One Form Per Child*): _____

Date of Birth: _____ **Age:** _____ **Grade leaving:** _____ **Gender:** M/F

Parent/Guardian Name(s): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone #:** _____

Secondary Phone #: _____ **Email Address:** _____

Emergency Contact Name: _____ **Phone #:** _____

How did you hear about VBS? _____ **Home Church:** _____

Allergies or Medical Concerns: _____

Alternate Pick-up Person: _____ **Alternate Pick-up Person Phone#:** _____

MEDICAL RELEASE

I understand that in the event of a medical emergency every effort will be made to contact the parent or guardian listed above. However, in the event that the above named parent or guardian cannot be reached, I hereby authorize the church minister(s), staff members, or adult volunteer(s) present on such a trip, activity or event to select such physicians, nurses, medical authorities, and/or hospitals to administer proper treatment for my child and/or to order and administer to him/her such injection, medication, anesthesia, surgery, hospitalization or such other medical practices as they deem necessary.

I am aware that my child will be given the choice to participate in activities that may be physically and emotionally demanding and where certain inherent risks and dangers may exist. I recognize that there is an element of risk in any adventure, sport, or activity. My child may be exposed to extraordinary physical hazards, weather conditions, or other unknown elements. I have noted any and all conditions which may affect my child's participation on this Medical Release Form*. I do hereby assume all risks and I agree to release and hold harmless New Philadelphia First United Methodist Church, its representatives, assistants, employees, and all related entities from any and all liability, lost or damage actions, claims and demands, which my child now has or which may arise from their participation in these activities. This shall serve as a release and assumption of risk for their heirs, executors, and all personal representatives.

I further state that I have listed above all known allergies and health problems for my child and any other information pertinent to his/her health, including medication he/she takes. I agree to revise the information as it may change so that the above reflects the current health status of my child at any given time. I am retaining a copy of this form for my files.

Parent/Guardian Signature: _____ Date _____

PHOTO/MEDIA RELEASE

I hereby grant permission for you to photograph, videotape, and/or to record my voice and sounds and to use any or all such photographs, recordings, and reproductions thereof in and/or as a part of any motion picture, video production, broadcast, published products, related advertising (including internet/websites, social media), displays, or in exhibition uses. I further grant the use of my name in connection with my comments and opinions.

I hereby grant and assign to First United Methodist all non-exclusive rights of every type and nature and the unlimited distribution and other utilization of the pictures, images, tapes or products by any method or in any manner and in any and all media, including theatrical, non-theatrical, radio, videocassette, television, electronic usage, and printed products, and to advertise and publicize said products, in perpetuity, throughout the world.

I hereby waive any right that I may have to inspect or approve the finished product and the advertising or other copy that may be used in connection herein. The parties to this contract expressly agree that the laws of Ohio shall govern the validity, construction, interpretation, and effect of this contract.

If I no longer desire to abide by this agreement, I will contact First United Methodist to remove myself from this photo release.

Name(s) of Participant(s)

Date: _____

Signature: _____

I affirm that I am 18 years of age or older.