**Permission/Liability Statement**

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has my permission to participate in all St. Mark’s Church Vacation Bible School activities. I understand that all reasonable measures will be taken to safeguard the health and safety of my child and that I will be notified as soon as possible in case of emergency. However, in the event of an accident, I will not hold St. Mark’s Church legally responsible. In case of sickness, accident, or injury on or off school grounds, I authorize the contact of necessary medical personnel and services at my expense; this includes hospital emergency room treatment if deemed necessary for the health and well-being of my child.

As parents/guardians, we do hereby agree to relieve St. Mark’s Church and its administration and/or staff of any liability for injury or accident, on church premises. I furthermore grant authorization for medical treatment in case of emergency and understand that though the church will make every attempt to locate and notify me, that medical care will not in any way be held back until such notification takes place. In signing this application, the parent/guardian agrees to the conditions listed throughout.

Signature of Parent/Guardian: Date:

**Consent/Release Form For Website, Promotional Materials, Published Articles, News Media or Photographs**

This form provides St. Mark’s Church with your authorization to photograph your child during VBS. Occasionally, these images may appear on our website, church bulletin board, or in other promotional materials. On very rare occasions, the news media may come to photograph children while they are involved in a VBS related event. If your child’s image is ever used, there will NOT be any name identification associated with it, unless we expressly and specifically contact you for permission.

\_\_\_ I HEREBY GIVE my consent to St. Mark’s Church for the public release of my child’s image or information about my child that may appear in:

* Promotional materials published by St. Mark’s Church.
* The St. Mark’s Church website/Facebook page.
* St. Mark’s Church video presentations.
* St. Mark’s events or publications.
* Video footage in news media segments.
* Articles in newspapers or other publications of general circulation.

My consent is freely given as a service to St. Mark’s Church without my expectation of receiving payment. I release St. Mark’s Church, its employees and directors from any and all claims or liability that might arise from such articles, materials, videos, or photographs.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

\_\_\_I DO NOT give my consent for the public release of my child’s image under any circumstances.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_