Calvary Lutheran Church VBS Release and Waiver Form

Effective dates: July 31—August 4, 2023

Participant Information

Please print in ink

Name:				Age _		Birthday	
	LAST	First	Middle				
Address			City	St	ate	Zip	
Phone			Cell_	· · · · · · · · · · · · · · · · · · ·			
Medical Insurar	edical Insurance Company			Policy Number			
Insurance Company Address			Group #				
Mother's Name			Home #_		Wo	ork #	
Father's Name	·····		Home #		Wo	rk #	
Emer. Contact_			Home #		Wo	rk #	
Physician	ysician Office Phone						
Dentist			0	Office Phone			

BEHAVIORAL NOTICE

Calvary Lutheran Church expects each participant to conform to these rules of conduct:

- Participation with the group is expected
- Act in a Christian manner at all times
- No bullying
- Respect property
- Respect other participants, staff, and volunteers
- Respect and comply with event schedules

Calvary reserves the right to send home students who fail to comply with the expectations listed above

PARENTAL AGREEMENT

_____ has my permission to attend VBS NAME OF PARTICIPANT: sponsored by Calvary Lutheran Church (hereinafter the "Church").

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/ or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.