LIVING CHRIST
Lutheran Church

VBS Permissions

Please fill out this form after registering your child for VBS. If you have more than one child attending, please fill out this form only once.

Information

Please list the names of all VBS participants:

_____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Permissions

I give permission to allow photos and/or videos to be taken during this event, and that these images may be used in print (Living Christ Newsletters, etc.) and/or online (LCLC's Website and Social Media).

- ☐ **Yes**
- ☐ **No**

I give permission for my child/children to participate in all planned VBS activities.

- ☐ **Yes**
- ☐ **No**

Signature: _____ **Date:** _____

Once this form is complete, please email it to Liv Simmons at liv@livingchrist.org