

Northwoods Presbyterian Church

2025 VBS Waiver and Acknowledgements

To be filled out by parents or legal guardians of participant under 18 years of age.

I, _____ the parent(s) and /or legal guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody and control. I hereby give my child, the said minor, permission to participate in any and all VBS activities at and with Northwoods Presbyterian Church of Houston, Texas, in which he/she, with approval, registers to participate.

In the event that an emergency arises, necessitating medical or surgical attention, I hereby consent and give my permission to Northwoods Presbyterian Church staff, its representatives, and/or the sponsors and any attending physicians, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may, in their sole discretion, be necessary and proper under the circumstances. I, the undersigned parent and/or legal guardian of said minor, do release, acquit, discharge and covenant to indemnify and hold harmless Northwoods Presbyterian Church or its representatives, and sponsors, and any attending physician, from any and all actions and causes of actions, related risks and damages, including injuries and damages arising from their individual, joint, or concurrent attention, injuries damages, and liabilities arising out of the treatment of any sickness or accident, and any and all financial responsibility for all medical treatment of any sickness or accident, and any and all financial responsibility for all medical treatment provided during the attendance of any events.

I also assume responsibility for providing transportation from the event location should it be necessary for disciplinary or emergency reasons.

I give my permission for photos of my child to be used in the church media resources (i.e. website, Facebook, bulletin boards, etc.).

Student's Name _____ Date of Birth _____

Emergency Contacts: (Please list in order to be contacted in case of emergency.)

1. _____
Name Phone Relationship

2. _____
Name Phone Relationship

3. _____
Name Phone Relationship

Parent's or Legal Guardian's Signature:

Printed Date _____

Signature Date _____