

*I the undersigned do hereby give Crestwood Methodist permission to video tape and/or take photos of myself and/or my child during the week of VBS July 8 – 11, 2024.*

*I also give my child(ren) permission to participate in all the activities during their session of VBS and I understand that I am responsible for any and all medical treatment or any other expense resulting from this ministry activity for my child(ren) I also agree not to make any claim from the church for payment of medical or any other expense arising from the ministry activity.*

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Printed Name

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Date

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Signature

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Child(ren)'s Name