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 session indicated below.

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 Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child(ren)’s Name

My child is attending the following session

Session 1 July 12 & 13, 2021 \_\_\_\_\_\_

Session 2 July 15 & 16, 2021 \_\_\_\_\_\_