

CONSENT FORM

PARENT/GUARDIAN AUTHORIZATION

I hereby give permission for my child(ren) named below to participate in the Vacation Bible School program sponsored by Sturge Presbyterian Church (aka: Sturge) & Community Baptist Church (aka: CBC). As consideration for my child’s participation, I hereby waive all claims against Sturge & CBC, its board members, pastors, staff and activity leaders for personal injuries, death and loss or damage to property, including theft, and release and discharge Sturge & CBC from any liability related to or in any way connected with my child’s participation in this activity, including travel to and from this activity. In addition, I agree to indemnify, defend, protect, and hold harmless Sturge & CBC from and against all claims, damages, liabilities, losses, and expenses, including but not limited to attorneys’ fees, in whole or in part arising out of, resulting from, or in connection with my child’s participation in this activity, even if such claims, damages, liabilities, losses, or expenses should arise from the negligence of Sturge & CBC, its board members, pastors, staff, and activity leaders. Further, permission is hereby given to the activity leader to authorize by his or her signature the physician or nurse may deem whatever medical or surgical treatment necessary or advisable in attendance in the event of an accident or medical emergency, which may occur while participating in this activity. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to secure and administer treatment, including hospitalization, for the minor named above.

Please print first & last name.

Child #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child #3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child #4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child #5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Relationship to Child(ren)

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Print Name Date