



Vacation Bible School 2017

Faith Decision Missionary Baptist Church
June 25 – June 29 6:00-8:30pm

Students Name: _____

Parent(s) Names: _____

Address: _____

Email Address: _____

Cell Phone #: _____

Emergency Contact Information (in case we can't reach parent listed above)

Name	Cell Phone #
1.	
2.	

Children:

Name	Age	Grade Completed	Allergies/ Special Needs
1.			
2.			
3.			
4.			
5.			

Transportation Needed: Yes ___ or No ___

If yes, please provide detailed directions to your home (Must be within City Limits):

Please complete the form on the back!

Faith Decision Missionary Baptist Church

1325 Guynn Road Paint Lick, KY 40461

Telephone: 859-582-7074

Video, Still Photography and Audio Authorization, Waiver and Release

NOTE: Persons under age 18 and/or persons who are mentally incompetent must have a parent or legal guardian complete this form.

I, (printed name) _____, do permit and authorize Faith Decision Missionary Baptist Church its employees, officers, members, and agents who are acting on its behalf (collectively "FDMBC") to use, publish, disseminate, reproduce or alter any of the following concerning or relating to me: my name and any personal identifying information or any portion thereof, photographs, photographic images, video images or audio, in printed, electronic or any form, including but not limited to those relating to my baptism ("images"), without any compensation to me. This Authorization shall include but is not limited to FDMBC's release of my images on all conventional or electronic media, including but not limited to FDMBC's websites, the Internet and any written or other publications. I hereby forever waive any right to inspect or approve my images, including but not limited to, written copy and images in print or in electronic form. FDMBC hereby disclaims any and all responsibility and liability for any use of my images by any third parties, and I understand that third parties may download my images from the Internet or otherwise access my images. I fully release FDMBC from any and all liability to me, my heirs or assigns in connection with, arising out of and relating to my images, and agree to hold harmless FDMBC from any and all claims relating to same. This Authorization is intended as a complete and continuous release for all images of me until otherwise revoked in writing.

By my signature, I hereby certify that I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read and understand them, and agree to be bound by them. Further, by signing below, I certify that I am 18 years of age or older and mentally competent, or that I am the parent or legal guardian of such individual, and I voluntarily consent and agree to all above terms of this Authorization. If only one parent/guardian signs below, the undersigned affirms that (1) the undersigned is the sole parent/guardian responsible for the care and custody of the individual identified above due to death or incapacity of the other parent/guardian or court order, or (2) the undersigned has made a good faith effort to obtain the signature from the other parent/guardian but have not been able to do so due to causes beyond my control, and the undersigned is not aware of any reason that the other parent/guardian objects to this document.

Signature _____
*Signature of parent or legal guardian for
persons under 18 years or mentally
incompetent*

Signature of Witness _____

Date _____

Date _____