

FAITH PRESBYTERIAN CHURCH
Vacation Bible School Permissions and Releases

This form must be completed by a Parent or Guardian of the minor(s) participating in Vacation Bible School.

Name of Parent or Guardian completing this form (please print): _____

Names of minors participating in VBS to whom these permissions and releases apply: _____

1. PERMISSION TO PARTICIPATE: I am the parent or guardian of the above listed minor(s) and I give permission for him/her/them to participate in Vacation Bible School (VBS) activities and be under the care and supervision of employees and volunteers at Faith Presbyterian Church from July 18 through July 22, 2022.

2. LIABILITY RELEASE: In consideration of Faith Presbyterian Church allowing the above minor(s) to participate in VBS, I do hereby release, forever discharge and agree to hold harmless Faith Presbyterian Church, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above minor(s) while involved in VBS.

3. MEDIA RELEASE: I give permission for the Church to photograph, videotape and/or voice-tape my minor(s) for purposes of in-house church use and/or for public information or promotion of the church (i.e., brochures, website), and/or for social media posting. No such use of these images or recordings will identify the name or other personal information of the minor(s).

4. MEDICAL TREATMENT PERMISSION: In the event of an emergency, I authorize an adult in whose care the above named minor(s) has/have been entrusted at the Church during VBS to consent to any emergency x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the minor(s) under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor(s) pursuant to this authorization.

Please provide the following information for use in case of medical emergency:

Minor's Primary Medical Practitioner or Group: _____ Phone: _____

Medical Insurance Company (if none, write "none"): _____

Policy # and Group ID: _____

I have read and understand all four (4) the above stated permissions and releases and agree that by signing below I am accepting the terms, granting the permissions, and agreeing to the releases as stated therein.

Required Parent/Guardian Signature: _____ Date: _____