

**Seattle Area Seventh Day Baptist Church  
PARENT/GUARDIAN CONSENT FORM FOR VBS 2022**

Please fill out, sign and mail this form to the church address below, or bring it with your child.

I, \_\_\_\_\_, am the parent or legal guardian  
of \_\_\_\_\_ (hereinafter called "my child"),  
and I am informed of the nature of the activity described below, offered by The Seattle  
Area Seventh Day Baptist Church (hereinafter called "church") located at 3102 "B"  
Street SE in the City of Auburn, County of King, and State of Washington

Activity Name: Parent's Night Out Evening VBS 2022    Activity Date: June 27-July 1

As the parent or legal guardian of my child, **I hereby consent** for my child to attend and participate in the activity named above.

**I hereby release** the Seattle Area Seventh Day Baptist Church and all members of the staff from all liability for any injury sustained by my child during his/her participation in this church sponsored activity, apart from negligence on the part of the church or staff. In the event of illness or injury, I understand that an attempt will be made to contact me or an alternate contact at the phone number(s) listed below.

**I hereby authorize** first aid and any medical care that might be required for my child in an emergency. I further agree to pay all charges for medical treatment.

In case of emergency, please call

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

This agreement is to be in effect for this activity only.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date