



PERMISSION / WAIVER FORM FOR 2017 VACATION BIBLE SCHOOL

Both sides must be completed by parents or guardians of participants if under 18 years old.

Name of Child _____ Gender Female Male
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Work Phone _____
Grade entering in Fall _____ Birth Date _____ Name of Home Church _____

PARTICIPATION IN ACTIVITIES

I, the undersigned, hereby consent to participation of my minor child in the programs, activities and events of Christ Memorial Lutheran Church Vacation Bible School.

I hereby release and forever discharge Christ Memorial Lutheran Church, their agents and servants, successors and assigns, directors, trustee, officers, employees, and other representative against loss from any and all present or future claims, demands, or actions in law or in equity that may hereafter be made or brought by me or my child, by anyone on behalf of me or my child, or by anyone else on their own behalf for damages or any other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience, or loss sustained by me or my child during participation in programs, activities or events sponsored by Christ Memorial Lutheran Church.

PUBLICITY RELEASE

I hereby give permission and consent to allow photographs, video images, and interviews of me (or my minor child) to be taken during participation in Christ Memorial Lutheran Church programs, activities and events. I further give permission and consent for any and all such photographs, video images, and interviews to be published by and used to illustrate and promote Christ Memorial Lutheran Church.

Please check one: **Yes** **No**

EMERGENCY CONTACT INFORMATION

Name(s) of Custodial Parent(s) or Guardian(s): _____
Address _____ Home Phone _____ Cell Phone _____
City _____ State _____ ZIP _____ Work Phone _____
Second Emergency Contact (Different from above) _____ Primary Phone _____
Relationship to Child _____ Secondary Phone _____

The following people are authorized to pick up my child. ID will be required.

Name _____ Relation to Child _____ Primary Phone _____
Name _____ Relation to Child _____ Primary Phone _____

(over)

