

2019 Vacation Bible School Registration and Waiver Release Form

Monday, June 24th through Friday, June 28th

9:00am – 12:00pm

VBS is held at Glory Bound Fellowship

*Parents please have children arrive by 8:40 a.m. for Check-in/Registration

Child's Name (Last, First)	Age	Birthdate

Parent(s)/Guardian Name(s) _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent e-mail address _____

Dismissal Information: Who is authorized to pick up your child?

The undersigned do(es) hereby give permission for my (our) child(ren): (List child(ren) name(s),

to attend and participate in Glory Bound Fellowship's "Vacation Bible School" during the period of June 24th-28th, 2019.

LIABILITY RELEASE: In consideration of Glory Bound Fellowship allowing the above child(ren) to participate in Vacation Bible School activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Glory Bound Fellowship, 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 child(ren) while involved in Vacation Bible School.

Furthermore, we (I) [and on behalf of our (my) minor child(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in activities involved therein. As well as releasing the child(ren) if necessary for transportation to and from the Vacation Bible School location. We(I), the undersigned, do hereby release, forever discharge and agree to hold harmless Glory Bound Fellowship, directors, employees, volunteers and agents from any and all liability, claims or demands for accidental personal injury in the process of transportation.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted,

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 under the general or special supervision and on the advice of any physician or dentist licensed 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 child or youth pursuant to this authorization.

PHOTO/PICTURE PERMISSION: I (we) give my (our) consent to Glory Bound Fellowship to use photo or video images taken of my (our) child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless Glory Bound Fellowship from any liability which may result from the use of said picture(s). This form will apply throughout my (our) child(ren)'s tenure at Glory Bound Fellowship's Vacation Bible School.**None of the photos to be taken will be for personal use.

Parent/GuardianSignature _____ **Date** _____

Medical Insurance: YES ____ NO ____

InsuranceCompany: _____ **Policy/GroupID#** _____

Allergies or Medical Conditions: *(If more than one child list each separately)*

Date of last tetanus shot *(Each child)* _____

Activity restrictions: _____

Emergency Contact person & phone #s in case parent/guardian cannot be reached:

Name: _____

Phone #s: _____

Parent/GuardianSignature _____ **Date** _____

Note: All information will remain confidential to VBS Staff.

Please return all completed Registration/Permission/Waiver forms to:

Glory Bound Fellowship
Phone: (209) 772-0480
PO Box 702
3061 Hwy. 12
Burson, CA 95225