

## VACATION BIBLE SCHOOL WAIVERS

By checking this box, I confirm that I am the parent/guardian listed on this form. By clicking on the waiver box, I consent for my child, listed at the top of the registration form ("Participant"), to attend and participate in any Concord church of Christ VBS activity.

**LIABILITY RELEASE:** In consideration of Concord church of Christ allowing the Participant to participate in VBS, I, the parent/guardian, do hereby release, forever discharge and agree to hold harmless Concord church of Christ, its preachers, elders, employees, vbs director, volunteers and teachers (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 parent/guardian and the Participant while involved in the activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in VBS activities. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. I, the parent/guardian, further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

**MEDICAL TREATMENT PERMISSION:** In the event my child suffers an illness or injury that requires medical attention, I give the Church the authority to obtain whatever medical attention is deemed necessary, and release and hold harmless Concord church of Christ, its preachers, elders, directors, employees, volunteers and teachers of any liability related to obtaining that medical attention. I understand Concord church of Christ will make a reasonable attempt to contact me/us as soon as possible following the need for medical treatment for my child. In the event treatment is required from a physician and/or hospital personnel designated by Concord church of Christ, I agree to release and hold the physician and/or hospital personnel harmless from any claims, demands, or suits for damages related to their acceptance of this document as consent to provide treatment. I also acknowledge I will ultimately be responsible for the cost of any medical care.

**MEDIA RELEASE:** I release Concord church of Christ to utilize pictures or videos taken for the following purposes of printed or digital materials to include bulletins, web site, social media, video, slide or PowerPoint usage.