

# Informed Consent/General Release Form for Vacation Bible School at Covenant Presbyterian Church

on behalf of \_\_\_\_\_

\_\_\_\_\_  
NAME(S) OF MINOR(S).

I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident.

I hereby grant my consent for staff members and/or adult volunteers under whose auspices the Vacation Bible School is conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for my child(ren) during the entire event including any trips to and from Vacation Bible School, if provided by a staff member or adult volunteer. I further assume all responsibility for the decisions so made, and the emergency care or treatment so secured, if I cannot be reached.

IT IS THE INTENTION OF (Parent/Guardian of minor(s)) BY THIS AGREEMENT TO EXEMPT AND RELIEVE THE CHURCH AND ITS OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH OF

\_\_\_\_\_  
(NAME(S) OF MINOR(S)) CAUSED BY ANY ACT OF NEGLIGENCE OF COVENANT PRESBYTERIAN CHURCH AND ITS OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES.

In case of accident, injury or loss, neither my family nor I hold Covenant Presbyterian Church, where the event is conducted, the group sponsoring the event, nor any person or affiliate organization associated with the event, responsible or liable. In case of accident or serious illness, I request the Covenant Presbyterian Church (or VBS volunteer) to contact me (or person named below). If the Covenant Presbyterian Church (or VBS volunteer) cannot reach me, I hereby authorize the Covenant Presbyterian Church (or VBS volunteer) to make whatever arrangements seem necessary. I authorize EMERGENCY medical treatment to be given to my child(ren).

### Additional Photo Release

I agree to grant to Covenant Presbyterian Church and its staff and authorized representatives permission to record on photography film and/or video, pictures of my child(ren)'s participation. I accept the terms and understand that my child(ren) may be photographed for the group slideshow and promotional photos. Children's names will never be listed.

X \_\_\_\_\_  
SIGNATURE: Parent/Guardian of Minor(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED NAME: Parent/Guardian of Minor(s)

Waiver of Liability Signature:

I accept the terms in their entirety listed in the agreement above.