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Vacation Bible School Consent and Liability Release

Child's Name _____ Birthdate _____ Age _____ Upcoming Grade _____

Address _____

Parent(s) _____

Primary emergency contact person & phone _____

Alternative emergency contact person & phone _____

Primary Care Providers' name _____ Phone _____

Insurance company _____ Policy Number _____

Known allergies & type of reaction _____

Plan of action in event of exposure/allergic reaction _____

Chronic illnesses _____

Long-term medications _____

My child has my permission to participate in Calvary Methodist Church's Vacation Bible School. I understand that my child will be participating in several activities, including but not limited to outdoor games, science experiments, crafts, and eating snacks.

Activities I do NOT want my child to participate in: _____

I hereby authorize the Church staff or volunteers, and/or emergency and medical personnel to make emergency medical decisions for my child and for my child to be treated for such medical emergency.

I also authorize the Church, its representatives, contractors, employees and volunteers acting on behalf of the Church, to take and/or use, copyright, publish, edit, crop or treat images or likenesses of me or my child(ren), including photographs, videos or otherwise, for any lawful use on the Church's website, social media pages, blogs, or in other official Church printed or electronic publications without further consideration. I understand that should photographs or videos of me or my child(ren) be used on the Church-owned or operated websites or webpages, they may be available for download.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL THE RISKS WHICH MY CHILD MAY ENCOUNTER AT THE VACATION BIBLE SCHOOL ACTIVITIES SPONSORED BY THE CHURCH.

In consideration of my child being permitted to participate in the event(s) described above and to the fullest extent permitted by law, **I HEREBY RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS** the Church and its agents and employees from any and all past, present, and future, known and unknown liabilities, actions, causes of action, claims, expenses, personal injuries, and damages, **INCLUDING THOSE CAUSED BY THE NEGLIGENCE OR FAULT OF THE CHURCH, ITS LEADERS, EMPLOYEES, OR VOLUNTEERS**, and including without limitation, interest, penalties, court costs, attorney's fees and expenses resulting from or

on account of injury to my child, myself, or my property in connection with any event anticipated by this form. **I FURTHER RELEASE** any and all claims brought by or through me, including claims for loss of consortium and all similar claims based on relationships with other people.

I EXPRESSLY AGREE that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the State of Pennsylvania and that if any portion hereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect. **I ALSO AGREE** that any controversy or claim, by or through me, arising out of or relating to the activities anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not mere recitals.

I FURTHER STATE that I have carefully read the foregoing consent and release and know the contents thereof and I sign this document as my own free act. This is a legally binding agreement which I have read and understand.

Parent Print Name _____ Date _____ Email _____

Address _____ Phone _____

Signature _____