

# Galt Bible Church Vacation Bible School

\*\*\*\*\* PLEASE PRINT \*\*\*\*\*

## Family Information:

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Church you attend: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell or Home (please circle)

## Information:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Group: G#1 (3-5) G#2 (6-8) G#3 (9-12)

List any medical or food allergies (please write "None" if applicable): \_\_\_\_\_

List any medication that will be taking while attending Vacation Bible School (please write "None" if applicable): \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Attendance					
Bible					
Daily Verse					
Workbook					

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Group: G#1 (3-5) G#2 (6-8) G#3 (9-12)

List any medical or food allergies (please write "None" if applicable): \_\_\_\_\_

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Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Group: G#1 (3-5) G#2 (6-8) G#3 (9-12)

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	Monday	Tuesday	Wednesday	Thursday	Friday
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Bible					
Daily Verse					
Workbook					

# **Galt Bible Church Vacation Bible School (VBS)**

## **Parental Consent and Release of Liability**

**Please Print and Provide All Information Requested**

**IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.**

### **Release of Liability**

I acknowledge that involvement of my Child/Children in the Galt Bible Church VBS may involve risk of property damage and of personal injury, illness or even death, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in and around facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions.

By signing this Parental Consent and Release of Liability, I state that my Child/Children is/are fully capable of safely participating in all VBS activities, and I expressly assume all risks of my Child/Children's involvement, whether such risks are known or unknown to me at this time. I further generally release Galt Bible Church their directors, officers, employees, volunteers, and agents, and other participants at VBS, from any and all claims that I or my Child/Children may have against any of them, whether on or off Galt Bible Church grounds. This Release of Liability is given on behalf of myself, my Child/Children, and any heirs, family, estate, administrators, and personal representatives of me and my Child/Children.

### **Consent to Medical Treatment**

I hereby give my consent that my Child/Children may receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during VBS activities.

### **Media Release**

I understand that participating in VBS activities, my Child/Children may be photographed. I agree to allow my Child/Children's photo, video or film likeness to be used for any legitimate purpose by Galt Bible Church.

### **Authority to Sign**

I represent and warrant that I am a parent or legal guardian of the Child/Children named below and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of my Child/Children. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate.

\_\_\_\_\_  
**Parent or Legal Guardian Signature**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Parent or Legal Guardian Signature Printed Name**

\_\_\_\_\_  
**Phone Number**

### **Emergency Contacts:**

\_\_\_\_\_  
**Name – Please Print**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Relationship to child**

\_\_\_\_\_  
**Name – Please Print**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Relationship to child**