

The Lord's Grace Christian Church Liability Release Form

Student's Name: _____ DOB: _____ Grade: _____

Parent/Guardian: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Insurance Carrier: _____ Policy # _____

Full name of Insured: _____ ID #: _____

Doctor: _____ Phone #: _____

In an emergency, if unable to reach parent, please contact:

Name: _____ Phone #: _____

Special Information

Medication: Does your child take either prescription or non-prescription medication on a regular basis? Yes No

If yes, please state medication and reason: _____

Health or behavior concerns that we should be aware of: asthma, diabetes, epilepsy, ADD, ADHD, etc.:

Liability Release: This Consent Form gives permission to seek whatever medical attention is deemed necessary, and releases, The Lord's Grace Christian Church and persons of any liability against personal losses of you/your child. Please read the following statement and sign below.

I / We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of the student named above, a minor, and have given our consent for him / her to attend Vacation Bible School (hereafter the "Event") being organized by The Lord's Grace Christian Church. I / We understand that there are inherent risks involved in any event, and I / we hereby release The Lord's Grace Christian Church, its employees, its agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my / our child's involvement with the Event. In the event that he / she is injured while attending the Event and requires the attention of a doctor, I / we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required which a physician and / or hospital personal refuses to administer without my / our consent, I / we hereby authorize the Program leaders, or another adult leader designated by him / her, to give consent for me / us, and I / we agree to hold such persons free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I / We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I / we affirm that the health insurance information provided above is accurate at this date and will, to the best of my / our knowledge, still be in force for the student named above at the time of the Event.

I / We give permission for my child to participate in all Vacation Bible School activities at The Lord's Grace Christian Church

Parent/Guardian Signature _____ Date _____

I / We give permission for pictures of my child taken during this Event to be used for advertising Vacation Bible School at the church and on the web-site. My child's name will not be included in any posting of the pictures.

Parent/Guardian Signature _____ Date _____