



2023 Vacation Bible School Registration and Waiver Release Form

Date: June 19th-23rd

Time: 5-8:30pm

Location: Vilonia United Methodist Church

Child's Name (Last, First)	Birthdate	Last Grade Completed

Parent/Guardian Name(s) _____

Address _____

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

Parent email address(es) _____

LIABILITY RELEASE: In consideration of Vilonia United Methodist Church allowing the above child(ren) to participate in Vacation Bible School activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless Vilonia United Methodist Church, its directors, employees, volunteers, and agents (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 that may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. As well as releasing the child(ren), if necessary, for transportation to and from the Vacation Bible School location, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless Vilonia United Methodist Church, its directors, employees, volunteers, and agents from any and all liability, claims, or demands for accidental personal injury in the process of transportation.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child(ren) pursuant to this authorization.

PHOTO/VIDEO PERMISSION: I **DO / DO NOT** (*circle one*) give my consent to Vilonia United Methodist Church to use photo or video images taken of my child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless Vilonia United Methodist Church from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)'s tenure at Vilonia United Methodist Church's Vacation Bible School. ****None of the photos will be for personal use.****

I hereby give permission for my child(ren) to participate in Vacation Bible School at Vilonia United Methodist Church.

Parent/Guardian Signature _____ **Date** _____

Complete the following for each child in the family.

All information will remain confidential to Vacation Bible School staff.

Child's Name _____ Medical Insurance YES ___ NO ___
Insurance Company _____ Policy/GroupID# _____
Allergies, Medications, and/or Medical Conditions _____

Activity restrictions _____
Parent/Guardian phone number(s) _____
Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:
Name(s) _____
Contact Phone _____
People authorized to pick up my child _____

Child's Name _____ Medical Insurance YES ___ NO ___
Insurance Company _____ Policy/GroupID# _____
Allergies, Medications, and/or Medical Conditions _____

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Parent/Guardian phone number(s) _____
Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:
Name(s) _____
Contact Phone _____
People authorized to pick up my child _____

Please return the completed Registration and Waiver Release Form to:

Vilonia United Methodist VBS, 1112 Main Street, Vilonia, AR 72173 or umcvilonia@gmail.com