

Release (Except where a signature is required, please PRINT all requested information)

Name of event: New Living Hope Church VBS 2017

I, the undersigned parent or guardian of _____, a minor, do hereby authorize adult volunteers of New Living Hope Church VBS 2017 as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability New Living Hope Church , any of its ministries or leaders in the event of an accident in route, during and returning from the above mentioned event.

This agreement does not apply to claims for intentional misconduct or gross negligence.

I, the undersigned parent, consent to my child(ren), attending New Living Hope Church for any function being photographed.

I agree that New Living Hope Church shall have the right, but not the obligation to use my child's photograph, likeness (including caricature), for their website or other social media at any time and for any other purpose or materials the ministry deems necessary. The child's name will not be used with the photos.

Date signed _____

Parent(s)/Guardian(s) _____ (print) _____ (sign)

Address _____ City _____

Best Contact Phone: Home / Work / Cell: (_____) _____

If parent/legal guardian is not available in an emergency, contact

Name _____ Phone (_____) _____

Please list any allergies. Include medications, foods, etc.

Does your child have any medical or special needs, including medications currently being used? No ____ Yes ____ If yes, please explain.
