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Warrior Creek Baptist Church Waiver and Liability Release Form

As the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name of child), I hereby give permission for my child to participate in the Warrior Creek Baptist Church Vacation Bible School.

I understand that Warrior Creek Baptist Church is a nonprofit charitable institution, which is voluntarily presenting this program for my child, other participants, and the community. I also understand that the program has activities that can involve physical contact with other participants, the ground or equipment, and that there is a resulting risk of physical injury to my child. I have explained these risks and benefits of participating in this program to my child and my child is in proper physical condition and has no existing injuries or conditions that could jeopardize his/her safety or health, or the safety or health of the other participants. I therefore release and discharge all liability for any harm or injury suffered directly or indirectly as a result of my child’s participation in the Warrior Creek Baptist Church VBS Program, whether or not resulting from negligence, and I agree not to sue Warrior Creek Baptist Church, its representatives, staff, or volunteers on any such claim.

I also give permission for the staff, representative, or volunteers of Warrior Creek Baptist Church to administer first aid or to seek medical care for my child during my child’s participation in the program, including transportation of my child to a medical facility for additional treatment that appears necessary.

Print name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Food Allergies or other Issues volunteers need to be aware of

During the week, volunteers will be taking pictures and posting some on social media (e.g., Facebook). Do you give Warrior Creek Baptist Church volunteers/staff permission to take pictures, and/or post them to social media? (Please Check One)

( ) Yes ( ) No

Contact Information

|  |  |
| --- | --- |
| Parent/Guardian First Name | Parent/Guardian Last Name |
|  |  |
| Phone Number: | Email Address: |
| Alternate Pick-Up First Name | Alternate Pick-Up Last Name |
|  |  |
| Phone Number: | Email Address: |