CONSENT / WAIVER OF LIABILITY FORM

CHILLICOTHE FIRST ASSEMBLY

OF GOD VACATION BIBLE SCHOOL (VBS)

PARENTAL CONSENT FORM

I, Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of child/minor (one per child)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_authorize child to participate in all activities of Chillicothe First Assembly of God’s VBS July 28th -30th, 2021

I hereby waive, release, and home harmless Chillicothe First Assembly of God, VBS director, and all adult and youth supervising sponsors from all liability, damages, injuries, claims, demands and cause of action I and/or any family member may have arising out of VBS. I understand that many of the activities during VBS come with inherent risks. By allowing my child to participate in these activities I understand and accept and assume these risks.

I/We, have been fully explained that the church does not warrant, or represent that its services and premises are of a particular standard or quality or grade, in that the children may be unpredictable and their use of the premises, or items that may result in an accident or injury.

I represent that my child/minor is physically able, without accommodation to participate in the VBS activities. Should my child/minor require emergency medical treatment because of accident or illness arising during VBS, I consent to such treatment. I acknowledge that Chillicothe First Assembly of God Church does not provide health and accident insurance for VBS participants, and I agree to be financially responsible for any medical treatment. I will list below any known allergies or medical conditions my child/minor has about which emergency medical personnel should be informed. In case of emergency, please contact me at the emergency number listed below.

My name (child’s name above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My emergency phone number (including area code): (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second emergency contact in case I cannot be reached (including area code):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A list of conditions emergency medical/allergies personnel should be aware of:

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Signature of Parent of Legal Guardian Date