



Amazing Grace Church



Name: _____ Goes by: _____

Gender: M F Birthday ____/____/____

Address: _____

Contact Name: _____ Contact Phone: _____

Alt Contact Name: _____ Alt. Contact Ph.: _____

Church Home: _____ Siblings Attending: _____

Food Allergies: _____

Who Can Pick up: _____

Liability Release: The above mentioned child, _____ Has my permission to attend VBS at Amazing Grace Church of Imlay City (hereafter referred to as "the church") from July 17-20, 2023. I/We the undersigned have legal custody of the child named above, a minor, and have given consent for him/her to attend the event. I/we understand that there are inherent risks involved in any ministry and I/we hereby release the church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur over the course of my/our child's involvement. In the event that she/he is injured I/we consent to any reasonable medical treatment required and i/we agree to hold hold such person free and harmless of any claims, demands, or suits for damages arising for the giving of such consents. I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of such care not be reimbursed by the healthcare provider.

Parent/guardian Signature _____

Media Release: I/we the undersigned do also hereby give the church permission to use photographs and or videos of the above named student for promotional purposes. With the understanding that my child's name will not be attached to the picture in promotions.

Parent/guardian Signature _____