

St. John's Episcopal Church Vacation Bible School

July 24-28, 2017

PARTICIPANT INFORMATION (One form can be filled out for multiple children in a family.)

Child's Name: _____ Nickname: _____

Gender: M / F Birthdate: _____ Age: _____

Parents/Guardians Names: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Emergency Contact Information (If different from above information)

Name: _____ Home Phone: _____ Cell Phone: _____

MEDICAL INFORMATION

Any Allergies to Be Aware Of? _____

Any Medical Conditions or Limitations to Be Aware Of? _____

Which Nights Will Child be Present for Dinner (please circle)?

Monday Tuesday Wednesday Thursday Friday

AGREEMENT TO RELEASE ASSUMPTION OF RISK, AGREEMENT TO HOLD HARMLESS: The undersigned is aware that there are certain inherent risks involved in participating in Vacation Bible School activities including but not limited to the risk of theft or of damage to my property and the risk of personal injury from participation in the program activities. In consideration of my being granted permission to participate in these activities and to use the facilities of St. John's Episcopal Church and/or other activities and services provided by St. John's Episcopal Church, its agents and employees, including food service, I, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify St. John's Episcopal Church and all its officers, departments, agencies, agents and employees from any and all claims, lessees, damages, injuries, fines, penalties and costs (including court costs and attorney's fees), charges, liabilities, or exposures, however caused, resulting from or arising out of or in any way connected to my or my family's participation in Vacation Bible School. I have read and understand this Hold Harmless Agreement and by my signature agree to its terms.

Signature: _____

PHOTO RELEASE: I hereby give my permission without restriction to St. John's Episcopal Church and its assignees to photograph and/or videotape my child during participation in Vacation Bible School. I specifically waive any rights to compensation with respect to my child's name, likeness, picture and/or voice. The purpose of this release is to facilitate publicity for St. John's Episcopal Church within the community and on our website.

Signature: _____

PAID: _____ Cash _____ Check Number: _____