

# St. John's Episcopal Church Vacation Bible School

July 15-19, 2019

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: \_\_\_\_\_

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PAID: \_\_\_\_\_ Cash \_\_\_\_\_ Check Number: \_\_\_\_\_