



Child's Name: _____

Group (Office Use): _____

VBS 2022 Participant Release Form

Please submit one form per child

I give the following people permission to pick-up my child(ren). Please list name & phone number.

1. _____

2. _____

3. _____

PHOTOGRAPHS

I hereby grant permission for my child to be included, unnamed, in pictures connected with the program. I relinquish rights to the finished photos.

Yes _____ No _____

INTERNET/SOCIAL MEDIA

I hereby grant permission for my child to be included in student pictures featured on Grace Lutheran Church web pages and/or Social Media pages. In no case shall a student's name, home address or telephone number appear in conjunction with any website or social media publication.

Yes _____ No _____

LIABILITY

I hereby grant permission for my child to use all play equipment and participate in all the activities with the VBS program at *Grace Lutheran Church*. Grace Lutheran Church, the staff, and the VBS volunteers are not liable for any accidental injury, or illness, for any persons, on and off, Grace Lutheran Church property.

Parent/Guardian Signature _____ Date _____

Name _____

In the event that there is a change in the given information, please give a signed written notice to the VBS director, Pastor, or Church office to inform us of the change.



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VBS 2022 Participant Medical Release Form

I, the undersigned parent/guardian of

a minor, do authorize staff members of *Grace Lutheran Church* as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I authorize the leaders to treat injuries with logical First Aid procedures such as soap and water for cleaning, using ice in preventing swelling, or Band-Aids to protect small cuts. I further release from any liability *Grace Lutheran Church* or any of its teachers and staff in the event of an accident en route, during, and returning from medical treatment.

Date signed _____

Parent/Legal Guardian (print) _____

Parent/Legal Guardian (sign) _____

Emergency Contact (If parent or legal guardian is not available.)

Emergency Contact Name & Relation: _____

Emergency Contact Phone Number: _____

Form submission due 5/15:

Either drop off at church or email gracevbs501@gmail.com

Payment due 5/15 - cash, check, or credit card. \$35/child - family max \$100.

Cash or Check made out to Grace Lutheran Church with memo "VBS" and drop off at church.

OR

Click to the right to pay with credit card or PayPal.

Redirects to PayPal - no PayPal account needed to use.

Select "VBS" in "Use this donation for".

Grace Lutheran Church

501 Valley Park Drive, Libertyville, IL 60048

E-Mail: gracevbs501@gmail.com