



VBS 2023 Adult Medical & Liability Release Form

MEDICAL

I, the undersigned, 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 acknowledge that the church has no medical staff on site to administer medication or treatment and the VBS team will do its best to provide appropriate medical care. I further release from any liability Grace Lutheran Church or any of its volunteers and staff in the event of an accident en route, during, and returning from medical treatment.

LIABILITY

The church, staff, and the VBS volunteers are not liable for any accidental injury or illness, for any volunteer persons, on and off, Grace Lutheran Church property.

Date signed _____

Name _____

Signature _____

If the Adobe signature above does not work, you can print and sign the forms.

EMERGENCY CONTACT

Emergency Contact Name & Relation: _____

Emergency Contact Phone Number: _____

PHOTOGRAPHS/SOCIAL MEDIA

I hereby grant permission to be included, unnamed, in pictures connected with the VBS program which may include our website or our social media accounts. I relinquish rights to the finished photos.

Photos Yes _____ No _____

Social Media Yes _____ No _____

Grace Lutheran Church

501 Valley Park Drive, Libertyville, IL 60048

E-Mail: gracevbs501@gmail.com

← Click to the left to submit the completed forms below electronically or print the forms, sign, then take a photo and email them to: gracevbs501@gmail.com