



# VBS 2025 Adult Medical & Liability Release Form



## MEDICAL

I, the undersigned, do authorize staff members of Grace Lutheran Churches 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 churches have 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 churches, 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 \_\_\_\_\_

## 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. Please initial your preference in the box.

Photos	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Social Media	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Submit the completed, signed forms to the VBS mailbox in the GLC office or email them to:  
Gracevbs501@gmail.com