

Elevation Chapel: Vacation Bible School Liability, Medical and Photo Release Form

The undersigned does hereby give permission for my child(s) _____,
(child's name)("Participant"), to attend and participate in any Elevation Chapel VBS ministry activity.

LIABILITY RELEASE: In consideration of Elevation Chapel allowing the Participant to participate in VBS, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Elevation Chapel, its Pastors, Board Members, directors, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in VBS activities. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: In the event my child suffers an illness or injury that requires medical attention, I give Elevation Chapel the authority to obtain whatever medical attention is deemed necessary, and release and hold harmless Elevation Chapel its Pastors, Board Members, directors, volunteers and teachers of any liability related to obtaining that medical attention. I understand Elevation Chapel will make a reasonable attempt to contact me/us as soon as possible following the need for medical treatment for my child. In the event treatment is required from a physician and/or hospital personnel designated by Elevation Chapel, I agree to release and hold the physician and/or hospital personnel harmless from any claims, demands, or suits for damages related to their acceptance of this document as consent to provide treatment. I also acknowledge I will ultimately be responsible for the cost of any medical care.

PHOTO RELEASE: By signing below, I also give permission to Elevation Chapel to use photographs, videos, and other recording, likenesses and images in promoting other activities sponsored by the church.

Child #1 _____

Child #2 _____

Child #2 _____

Parent/Guardian First and Last Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Please email signed form to: Sandra Lawry's email - Sandra1c@yahoo.com

You can also mail or hand deliver to Elevation Chapel: 150 Lowell Avenue, Newton MA 02460