

VBS 2017 "GALACTIC STARVEYORS"

RELEASE FORMS

Child's Name _____

PHOTO RELEASE

As a parent/legal guardian of the child registered for VBS 2017 on this form, I give permission to Westwood Christian Community to use photographs or video taken of my child, during this week long event for use in Community Kids and Westwood Christian Community publications such as brochures, newsletters, display boards and other print publication, as well as electronic versions of the publications and the Westwood Christian Community web site for the purpose of promoting Community Kids and activities at Westwood Christian Community.

Parent Signature

Date

MEDICAL RELEASE

As a parent/legal guardian of the child registered for VBS 2017 on this form, I authorize the administration of emergency medical treatment for them during this week long event. I understand that all reasonable safety precautions will be taken at all times by Westwood Christian Community and/or its agents.

I also understand that in the event of a medical emergency, every attempt will be made to contact me, and/or any other emergency contact people listed on the registration form.

I will not hold Westwood Christian Community or its agents liable for any accident, injury, or disease incurred to/by my child while they are attending this week long event.

This consent will be in effect for the duration of VBS 2017.

Parent Signature

Date

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