



Rev. Aage Larsen
Pastor

The Mission Church

A Church of the Lutheran Brethren

WORD WORSHIP WITNESS

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VBS Consent Form

First name of participant and middle initial _____ Last name _____

Address _____ Birth date (month/day/year) ____/____/____ Age during activity _____

Additional address (need street address if you have a P.O. box) _____

City _____ State _____ Zip _____

Has approval to participate in The Mission Church's VBS Program from Sunday August 1 to Thursday August 5.

Without restrictions

Special considerations or restrictions: _____

Hold Harmless Agreement

I understand that participation in youth activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release The Mission Lutheran Brethren Church, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Parent/guardian printed name _____

Parent/guardian signature _____ Date _____

Best contact and emergency contact Number _____

Email (for use in sharing more details about VBS) _____

Photo Release Form

I, _____ hereby authorize The Mission Church to publish the photographs taken of me and/or the minor children listed above for use on The Mission Church website and/or social media sites. I release The Mission Church and the VBS program from any expectation of confidentiality for the minor children and myself and attest that I am the parent or legal guardian of the child or children listed above and that I have the authority to authorize The Mission Church and the VBS program to use their photographs. I acknowledge that since participation in publications and websites produced by The Mission Church or the VBS program is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by The Mission Church or the VBS program confers no rights of ownership whatsoever. I release, The Mission Church its officials, agents, volunteers, contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the minor child or children listed above.

Signature of Parent/Guardian: _____ Date: _____