

Parent/Guardian Waiver for VBS 2018

Child's Name _____

Health Card # _____

My child has my permission to attend and participate in the VBS program running from July 9 to 13, 2018 (from 9am to Noon) at Fellowship Baptist Church, Cobourg. The undersigned further authorizes VBS leaders, workers, and volunteers to grant permission for medical or dental treatment during the said time period in the event that the parent/parents or legal guardian/guardians are unable to provide such consent. Furthermore, the undersigned shall be liable and agrees to pay for all costs and expenses incurred in connection with such medical and dental services rendered to the said Child pursuant to this consent. The undersigned, on behalf of themselves and the said Child do hereby release and forever discharge the Church and its Deacons, Pastors, Officers, Employees, Volunteers, Members, and Adherents against all losses, claims, suits, and demands, or any liabilities whatsoever, arising from injury or death to the Child or other persons involved in the above mentioned activity.

Parent/Guardian Name

Signature of Parent

(please print)