



## Permission Slip: VBS 2017, Evening Session for Elementary Kids

*This form must be completely filled out and signed by parent or legal guardian before a child may attend the 2017 VBS Program at Christ Fellowship*

*Please Print*

Parent or guardian name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Family Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Child's First and Last Name	Boy	Girl	Birthdate	Age	Grade Entering Fall 2017
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do any of the above have allergic reactions to any medications?    YES    NO  
 Do any of the above have other allergies?    YES    NO

If so, please list their name(s) and all allergies:

\_\_\_\_\_

In consideration of your accepting me or my child for participation in the above named program, activity, service project, or sport, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against Christ Fellowship and its agents, employees, representatives, successors and assigns for any and all injuries suffered by myself or my child that arise out of the above named program, activity, or sports sponsored by Christ Fellowship. This Waiver and Indemnity Agreement shall be deemed to satisfy the Texas express negligence doctrine. I warrant that I have the right to authorize the foregoing and do hereby agree to hold Christ Fellowship harmless of and from any and all liability of whatever nature which may rise out of or result from such participation. For the consideration stated above, I further agree that in the event that I or my child should make any claim against the church for damages arising out of the above named program, activity, or sport, I will personally indemnify, defend, and hold harmless the church and its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees. I have read and understand this agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein. Further I authorize the church employees, agents and volunteers, in their complete discretion, and without liability as described above, to administer or consent to emergency medical treatment for my child if I cannot be reached timely. By my signature below, I fully agree and consent to the foregoing, and affirm that I do so of my own free will. Furthermore, I hereby grant permission to Christ Fellowship to use photographic images containing my child's photograph/likeness for various purposes such as printed materials, publications, displays, video productions, advertising, etc. as well as Christ Fellowship related websites. I also acknowledge Christ Fellowship's right to crop or treat the photographic image at its discretion. This release will remain in effect until written notice is provided reversing the decision.

Parent or legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_