

Montgomery Church of Christ

VBS

June 6-10, 2022 9:00am-Noon

Medical Release & Authorization Form

Participant's Name _____ Age _____ DOB ____/____/____

Please read & initial the following:

We realize that no activity is without the possibility of unforeseen hazards which could result in injury to an individual. As a parent or guardian, you are to be aware of your responsibility to instruct your child of the importance in this activity.

1. I agree to assume the risks and hazards which are inherent in this kind of activity. _____
2. I agree to absolve and hold harmless the sponsoring organizations and their representatives for damage, loss or injury to the child for whom I am signing. _____
3. I give my child permission to participate in this activity. _____
4. I give my permission to the leaders of this function to authorize any treatment deemed necessary by a licensed physician due to accident or illness during this activity. _____
5. I agree to follow the procedures set forth by the organizers in drop off and pick up of my child. _____
6. I give permission for the use of any photo or likeness of my child to be used by the sponsoring organizations for their use in promotional materials.

Parent/Guardian Signature _____

Printed Name _____

Date _____