



Vacation Bible School Registration and Waiver Release Form

Date: June 10-15, 2024

Time: 9:00am-12 Noon

Location: Father Charles Murray Hall – 1145 South Aspen Rd.

*Please have children arrive by 8:45AM for Check-in/Registration

Child's Name (Last, First)	Birthdate	Last Grade Completed
Allergies:		
Allergies:		
Allergies:		
Allergies:		

Parent/Guardian Name(s) _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent email address(es) _____

Emergency Contact: _____

LIABILITY RELEASE: In consideration of [*St. Joseph Catholic Church*] allowing the above child(ren) to participate in Vacation Bible School activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless [*St. Joseph Catholic Church*], its directors, employees, volunteers, and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. As well as releasing the child(ren), if necessary, for transportation to and from the Vacation Bible School location, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless [*St. Joseph Catholic Church*], its directors, employees, volunteers, and agents from any and all liability, claims or demands for accidental personal injury in the process of transportation.

PHOTO/VIDEO PERMISSION: I **DO / DO NOT** (*circle one*) give my consent to [*St. Joseph Catholic Church*] to use photo or video images taken of my child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless [*St. Joseph Catholic Church*] from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)'s tenure at [*St. Joseph Catholic Church*]'s Vacation Bible School. **None of the photos will be for personal use.**

I hereby give permission for my child(ren) to participate in Vacation Bible School at [*St. Joseph Catholic Church*] on [June 10-15, 2024].

Parent/Guardian Signature _____ Date _____