## 2024 VBS Parental Medical & Hold Harmless Release Form Calvary Episcopal Church Indian Rocks Beach, FL

I acknowledge and give my parental consent to all the following statements below and hold harmless CALVARY EPISCOPAL CHURCH from any liability that is related:

I hereby give permission for my child(ren), named on the provided registration, to attend and participate in all Vacation Bible School activities sponsored by:  Calvary Episcopal Church 6/10 - 6/14, 2024
I acknowledge that I will be responsible for any damages that my child(ren) may cause to Church property;
I understand that all leader volunteers have undergone a course instructed by the Clergy on "Safeguarding God's Children" and this form of training meets the requirements in working with youth as prescribed by the Episcopal Diocese of Southwest Florida.
I will accept any verbal disciplinary action necessary to attend to any behavioral disruptions caused by my child(ren) and furthermore will promptly remove them from premises if/when asked by the VBS DIRECTOR.
I authorize a Church approved adult volunteer or staff member, in whose care the minor has been entrusted to consent to emergency medical treatment to be rendered to the minor under the general or special supervision and advice of any physician under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. <a href="I understand"><u>I understand</u></a> , however, that every effort will be made to contact me at the numbers provided before any such medical treatment is administered.
I understand that I am liable and agree to pay all costs and expenses incurred in connection with such emergency services rendered to my registered child(ren) pursuant to this authorization.
I hereby release Calvary Episcopal Church from any responsibility other than normal supervision and care. In case of an accident, I will not hold Calvary Episcopal Church, or its staff members, management, or officers liable unless guilty of negligence.
I hereby consent to my child being interviewed, photographed, or videotaped by representatives of Calvary Episcopal Church for use in advertising, publicity or educational activities including, but not limited to, church participation and/or videos, print ads and television broadcasts, news, and church websites.
I hereby waive any claims I may have and release the church and its employees or agents from any liability or claims arising out of such activities.
I understand that only one (1) Parent/Guardian signature is required to make this agreement official, although all Parents/Guardians are encouraged to sign this approval.

My SIGNATURE APPLIES IN CHECKING THE BOX ON THE ONLINE FORM

Otherwise, Registration must include handwritten signature here below:

Parent(s	) /	Guardian	(s)	<b>Printed</b>	Name

**SIGNATURE** 

**DATE**