

PARENTAL RELEASE FORM
LIVING HOPE CHURCH
VACATION BIBLE SCHOOL

I hereby release, forever discharge and agree to hold harmless, **Living Hope Church**, its elders, directors, employees and volunteers, from all liability, claims, or demands for 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 named child that occur during any activities.

Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in these activities. The undersigned further agrees to hold harmless and indemnify, **Living Hope Church**, its elders, directors, employees and volunteers, for any liability sustained by said church as the result.

I, _____, parent or legal guardian of the child(ren) listed on this form herein authorize the adult sponsor of **Living Hope Church** to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment, on the advice of any physician or surgeon licensed to practice in the state of treatment, when the need for such treatment is immediate, and when efforts to contact me are unsuccessful.

Signature: _____ Date: _____

Name of Parent _____

Personal Physician: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Please list any allergies or medical conditions we should know about your child(ren):

These are the children referred to above:

Child's Name: _____ M / F DOB: _____

Child's Name: _____ M / F DOB: _____

Child's Name: _____ M / F DOB: _____

Child's Name: _____ M / F DOB: _____

Child's Name: _____ M / F DOB: _____