

# **VACATION BIBLE SCHOOL RELEASE FORMS**

## **Audio/Video/Photography Release**

**First United Methodist Church 950 7<sup>th</sup> Street, Clermont, Florida 34711**

I, \_\_\_\_\_, **(Adult's name)** as a parent or legal guardian, hereby give my permission for \_\_\_\_\_, **(Child's name)** a participant at First United Methodist Church Vacation Bible School (hereafter referred to as FUMC VBS), to be recorded in any format ie; audio and/or visual recordings and/or photographs taken by FUMC VBS Staff or the First United Methodist Church (hereafter referred to as the Church) and their representatives. I expressly agree to allow the use of said audio and/or visual recordings and/or photographs to be shown or published in FUMC VBS and/or Church events, collateral materials including but not limited to; postcards, newsletters, ads/articles, press releases, FUMC VBS/Church website or other electronic Church communications. Our promise is to not publish any picture or release video with names attached without your written consent.

I expressly release and discharge the FUMC VBS and/or the Church from any and all liability that may arise from the use of said audio and/or video recordings and photographs in this manner. Further, I understand that the above mentioned recordings/photographs are confidential in accordance with Florida Statutes section 228.093. Accordingly, by my signature below, I expressly waive any and all privacy rights which would otherwise have been accorded to the audio and/or video recordings and photographs under the laws of Florida. \_\_\_\_\_ **(Parent/guardian initials)**

## **Medical & Liability Release – Valid June 4<sup>th</sup> and 8<sup>th</sup>, 2018**

**First United Methodist Church 950 7<sup>th</sup> Street, Clermont, Florida 34711**

In the event of sickness or some medical emergency, I request that my child \_\_\_\_\_ **(Child's name)** receive any medical attention or treatment deemed necessary, therefore I give permission to any hospital, doctor, and/or health care provider to transport, treat and/or admit my child for care. I understand that I am responsible for all expenses and charges for the treatment and care of my child. In the event that I am not present at the time of the emergency or cannot be contacted, my care has been entrusted to the staff and designated ministry leadership of First United Methodist Church, Clermont, Florida.

\_\_\_\_\_ **(Parent/guardian initials)**

**This form must be signed by two witnesses**

Date \_\_\_\_\_

**By signing below, I hereby agree to all terms set forth by First United Methodist Church.**

Parent Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Parent Signature \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_

Witnessed By: (Print) \_\_\_\_\_ (Sign) \_\_\_\_\_

Witnessed By: (Print) \_\_\_\_\_ (Sign) \_\_\_\_\_