



Liability Release Form

2315 Placer Street
Redding, CA 96001
530-243-4847

The undersigned does hereby give permission for my child _____,
(child's name) ("Participant"),

to attend and participate in any First Presbyterian Church Redding Vacation Bible Camp (VBC) ministry activity,
July 27 - 31, 2026.

LIABILITY RELEASE: In consideration of First Presbyterian Church Redding allowing the Participant to participate in VBC, I, the undersigned, do hereby release, forever discharge and agree to hold harmless First Presbyterian Church Redding, its Pastors, Board Members, directors, employees, volunteers and teachers (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 Participant while involved in the activities. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in VBC activities. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: In the event my child suffers an illness or injury that requires medical attention, I give First Presbyterian Church Redding the authority to obtain whatever medical attention is deemed necessary, and release and hold harmless First Presbyterian Church Redding its Pastors, Board Members, directors, employees, volunteers and teachers of any liability related to obtaining that medical attention. I understand First Presbyterian Church Redding will make a reasonable attempt to contact me/us as soon as possible following the need for medical treatment for my child. In the event treatment is required from a physician and/or hospital personnel designated by First Presbyterian Church Redding, I agree to release and hold the physician and/or hospital personnel harmless from any claims, demands, or suits for damages related to their acceptance of this document as consent to provide treatment. I also acknowledge I will ultimately be responsible for the cost of any medical care.

GRADE (Entering in fall): _____

FOOD ALLERGIES: _____

PHOTO RELEASE: I hereby authorize First Presbyterian Church of Redding to take photos of my child and use them in their social media, newsletters and other publications. I understand that my child's name will not be used in association with the pictures.

Parent/Guardian Contact Information:

Address: _____
Street City State Zip

Phone: _____ email: _____

Signature:

Parent/Guardian First and Last Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

(Continue to page 2)

Names of Adults who may pick up child in addition to above signatory:

Name

Phone

Name

Phone

Name

Phone