

The "Mane" Event



The best week of the summer!

New friends • Amazing experiments • Creative games
Super-fun snacks • Surprising adventures • Incredible music

Location: Christ Lutheran Church Chino
(church name)

VBS will last from: July 22-26
(VBS dates)

Each day's fun begins at: 6:00 pm with dinner
(VBS starting time)

The VBS day ends at: 8:00 pm
(VBS ending time)

For more information, call: Jeanine Robbins 714 319-0977
(church phone number)

Register online here: _____
(web address)



Registration Form

(One Per Child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cellphone: (_____) _____

Home email address: _____

Home church: _____

Crew number or name (for church use only): _____ T-shirt size (YXS, YS, YM, YL, YXL) or (AS, AM, AL, AXL)

Allergies or other medical conditions: _____



In case of emergency, contact: _____

Phone: _____

Relationship to child: _____ (Please see disclaimer on back)

I am the parent or legal guardian of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church, including the event specified above. I understand that there are inherent risks involved in any ministry or athletic event. I voluntarily elect or accept and solely assume all risk of damages and injury incurred or suffered by the student named above while attending events organized by the Church, including the event specified above. I hereby agree not to sue and release the Church, its pastors, employees, agents, volunteer workers, elders, and representatives from any and all liability, claims, damages, and costs for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement in events organized by the Church, including the event specified above. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, and costs including attorney fees which may arise from any claim or cause of action made by me, through me or on my behalf even if caused in whole or in part by any of the parties or entities hereby released. In the event that he/she is injured and requires medical attention, I consent to any reasonable medical treatment as deemed necessary by a licensed health professional. In the event treatment is required from a licensed health professional and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such medical care. I also agree to hold harmless and release the Church, its pastors, employees, agents, volunteer workers, elders, and representatives from any and all liability related to expenses arising from the giving of such medical care to the extent those expenses are not reimbursed by my or the student's health insurances. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above at the time of the event specified above. I also agree to bring my child home at my expense should he or she become ill or if a student ministries staff member deems it necessary. I understand that this form does not guarantee my student a spot on the aforementioned trip, rather it enters them in the registration process. I also agree to forgo any money paid for a given event as refunds are only given in case of emergency cancellation (i.e. death in the family, illness).

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Parent/guardian signature: _____ Date _____

Media Release

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