Release Form
Shipwrecked VBS 2018
Hilmar Covenant Church | 20056 American Ave. Hilmar, CA 95324 | 209-668-0400

To Reserve a Spot, **all three** must be received:

1) THIS Release Form (mail or bring to church office)
2) Registration Form (Online, hilmarcovenant.org or available in office)
3) Payment ($20 per child – can be paid on-line @ hilmarcovenant.org or in office)

Fill in and sign your name to give permission and release for your child to attend "Shipwrecked" at Hilmar Covenant Church (HCC). *One Per Child.*

Permission, authorization to Treat a Minor, Liability, Accidental Injury, & Photo Release

Child's Name:_____

I, _____ _____ (parent/guardian first & last name) hereby grant permission for my child listed above to participate in the Summer Vacation Bible School (VBS) program entitled "Shipwrecked" from June 11 – June 15, 2018, hosted and held at Hilmar Covenant Church. I understand that children participating in "Shipwrecked" will be under supervision of, and responsible in conduct to, VBS leaders at all times.

I/We, the undersigned parents/guardians of the child listed above, a minor, do hereby authorize HCC, as agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practices Act, on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I/We hereby give permission for my/our child to attend "Shipwrecked." I/We give permission to take any necessary action in the even of an emergency.

I/We, the parent(s)/guardian(s) of the child listed above hereby acknowledge that my/our child and I/we freely and voluntarily have chosen to participate in "Shipwrecked" conducted by HCC. I/We hereby agree to defend, protect, save and hold harmless HCC, participating private entities, and/or any cooperating or sponsoring public entities and their respective agents from any liability for accidental personal injury, accident, illness, death, or property damage which I/we or my/our child may suffer arising out of his/her/their participation in HCC programs.

I/We the parent/guardian of the child listed above realize that pictures may be taken at "Shipwrecked," for fun memories and/or future promotional purposes and hereby give permission for my/our child to be photographed.

_____ _____ _____/_____/_____
Parent/Guardian (print) Signature Date