

## LIABILITY AND MEDIA RELEASE FORM

Child's Name (First/Last) \_\_\_\_\_

Child's Name (First/Last) \_\_\_\_\_

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Child's Name (First/Last) \_\_\_\_\_

I give permission for the above named child(ren) to attend Vacation Bible School (VBS), June 17—21, 2019. I understand the possible risk involved with the recreational activities of this event. I will not hold Smith Center Church of the Nazarene or their representatives liable for any accident, injury or illness while my child is at VBS. I give responsible parties permission to seek medical attention in the unlikely event of injury, illness or accident. I understand that I will be contacted as soon as possible in the event of an emergency.

I understand that any pictures taken of anyone involved in VBS-related activities may be used by Smith Center Church of the Nazarene in any way they consider appropriate.

Parent's/Guardian's Signature \_\_\_\_\_