

**Liability Waiver and Medical Treatment Waiver  
Vacation Bible School, Preston City Bible Church**

I, \_\_\_\_\_, legal parent/guardian, give my permission for;

Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

to participate in all activities. I hereby release the Preston City Bible Church, 293 Route 164, Preston, CT. 06365, its staff, and volunteers of any liability in the event of accident or injury. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend Vacation Bible School.

I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement.

In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by a health insurance provider.

Further, I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Vacation Bible School staff member.

ARE IMMUNIZATIONS CURRENT? YES \_\_\_\_\_ NO \_\_\_\_\_

CURRENT MEDICATIONS REQUIRED? YES \_\_\_\_\_ NO \_\_\_\_\_

DETAILS: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN NAME (PRINT): \_\_\_\_\_

DATE: \_\_\_\_\_