

Messiah Lutheran Church and Preschool VBS 2017

Informed Consent & Photography Waiver*

Name of Participant(s):	Date of Birth(s)
Informed Consent	
under supervision and agree that VBS per for accidents arising therefrom. I authorist provide appropriate treatment to my chi information from the VBS registration for medical personnel in case of medical em	ersonnel/volunteers will not be held responsible ersonnel/volunteers will not be held responsible ze designated VBS personnel/volunteers to ild for injuries and/or illness. I understand that the rm that I completed may be released to appropriate nergency. I also understand that the failure to etal health information in advance may lead to eat VBS.
Parent/Guardian Signature	Date:
\square I give permission for this information to be used for	Sunday school and/or other church activities July 2017-August 2018
Photography Waiver I give permission for Messiah Lutheran Church	to publish photos of my child(ren)
Parent/Guardian Signature	Date:
*Please complete, sign, and return this form du	ring check-in on the first day of

You may also mail this form prior to the start of VBS to: Messiah Lutheran Church, 905 NW 94th ST, Vancouver, WA 98665-6842.

Maker Fun Factory VBS, Monday, July 10.