

# GRACE FAMILY BIBLE CHURCH

## PARENTAL CONSENT AND RELEASE OF LIABILITY

Please Print and Provide All Information Requested

**IMPORTANT:** THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.

Please return this form to your coach/coordinator before your child participates in the event.

To Be Filled Out By the Legal Guardian- Please Print	
Child's Name _____	Child's Birthdate _____
Event: <b>__ Vacation Bible School</b>	
Date(s) <b>_ June 19-22</b> Time: <b>_ 6-8:30pm</b> Location <b>_ Grace Family Bible Church and Field at Rocky Mountain Middle School</b>	

I understand that having my child participate in this event is a privilege. In consideration of that privilege, I (the Parent or Guardian) am signing this Parental Consent and Release of Liability.

### Consent to Attend Event

I hereby give permission for my Child to attend and participate in the event.

### Release of Liability

Prior to my Child's involvement in the Event activities, I acknowledge that involvement of my Child in the Event may involve risk of property damage and of personal injury, illness or even death, including but not limited to transportation—related activities, recreational activities, accidents in and around facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions. By signing this Parental Consent and Release of Liability, I state that my Child is fully capable of safely participating in Event activities, and I expressly assume all risks of my Child's involvement, whether such risks are known or unknown to me at this time. I further generally release Grace Family Bible Church ("GFBC") its board of directors, employees, volunteers, and agents, and other participants at the Event, from any and all claims that I or my Child may have against any of them, whether on or off Event grounds. This Release of Liability is given on behalf of myself, my Child, and any heirs, family, estate, administrators, and personal representatives of me and my Child. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the State of Utah.

### Consent to Medical Treatment

I hereby give my consent that my Child may receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

List any medical or food allergies of Participant (please write "None" if applicable): \_\_\_\_\_

Will Participant be under any medication while at Event? Yes No If yes please provide details \_\_\_\_\_

### Media Release

I understand that at this event or related activities, my Child may be photographed. I agree to allow my Child's photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns. When an identification of a child is made, only the first name of the child may be used along with the name of the Church.

### Authority to Sign

I represent and warrant that I am a parent or legal guardian of the Child named above, and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of my Child. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate. I agree that this Release shall be governed by and interpreted in accordance with the laws of the State of Utah. Any litigation under this agreement shall be resolved in the courts of Wasatch County, Utah.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name and Phone Number

\_\_\_\_\_  
Emergency Contact: Name and Phone Number

E-mail: \_\_\_\_\_