

Living Waters Church
7382 Stewart Sharon Rd.
Hubbard, OH 44425
Permission – Release Form

Bible Boot Camp ~ The Armor of God VBS 2013

Please Provide All Information Requested

I hereby give permission for myself/ my child named above to join the Living Waters Church for VBS to be held on August 12-17 2012 @ 9:00-12:30PM.

Church Information: 7382 Stewart Sharon Rd. Hubbard, Ohio 44425 724-456-3123

Location Information: 7382 Stewart Sharon Rd. Hubbard, Ohio 44425 724-456-3123

I understand that the group will be traveling to and from the event in:

- ☐ Private automobiles driven by parents, Youth Group Advisors, or other responsible adults over the age of 21.
- ☐ Leased vehicles driven by parents, Youth Group Advisors, or other responsible adults over the age of 21.
- ☐ Chartered coaches
- ☒ Event held on church property

I further understand that the event will include the following activities in which myself / my child is capable of safe participation:

Outdoor & Indoor Games & Activities Involving Running & Etc...

I further understand the costs listed below. I am aware of the phone number listed above and will record it in the event that I need to contact the group while the event is in progress.

Should the discipline of my child become necessary, I understand that it is my responsibility to travel to the place of the event and retrieve my child. If I am planning to be away for this time, I will arrange for another responsible adult to be available. That person's name and phone number are listed below as my Alternate Person for Emergency. I will alert that person about the responsibility.

Intending to be legally bound, I hereby release Living Waters Church, its staff and volunteers, from any claims that might occur as a result of this event, from responsibility and liability for any injury or illness that myself / my child may sustain or cause during this event. In the case of an emergency, I hereby authorize an adult advisor, as agent for me, to consent to any x-ray, examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate), licensed to practice under the laws, either at a doctor's office or in any hospital.

I expect to be contacted as soon as possible.

Signature of Parent or Legal Guardian: _____ Date: _____