

*New Life Ministries*  
*340 N Middletown Rd*  
*Paris, KY 40361*

**\*\*One form per child please\*\***

## **2023 VBS Waiver Form**

As the parent or legal guardian of \_\_\_\_\_, I give consent that my child can participate in Vacation Bible School at New Life Ministries on July 22, 2023. I understand that my child will be involved in a program that will include outdoor games and an inflatable obstacle course. My child is physically sound and is not suffering from any condition, impairment, disease or other illness that would hinder their participation in VBS. I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the planned activities and assume all risks of the child whether such risks are known or unknown to me at this time.

If in the event of accidental illness or injury, I understand that I will be contacted as soon as possible. I authorize adult leaders of this church to consent for medical treatment for my child and to exercise their reasonable judgment as to appropriate medical care until I can be reached or arrive. Adult leaders of this church also have my permission to sign any waiver of liability which may be required for treatment. I also agree to pay all costs and expenses incurred for such services to treat my child. In consideration of New Life Ministries allowing the above child(ren) to participate in Vacation Bible School activities, we (I) the undersigned, do hereby release, forever discharge and agree to hold harmless and blameless, New Life Ministries, its directors, ministry, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands from accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School. We(I), on behalf of our (my) minor child hereby assume all risk of accidental personal injury, death, damage and expense as a results of participation in activities involved therein.

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## **Media Release**

I, \_\_\_\_\_, hereby give permission for the leaders, staff and/or volunteers of New Life Ministries to photograph and/or video my child for purpose of in house church use and/or for public information/use for promotion of the church.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date