

## Woodward Baptist Church VBS Waiver Form

**Event:**           **Vacation Bible School**           **Date of Event:** 8/1/22-8/4/21

Name: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Grade entering in fall: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Other: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

THE APPLICANT NAMED ABOVE HAS MY PERMISSION TO PARTICIPATE IN THE WOODWARD BAPTIST CHURCH VACATION BIBLE SCHOOL. I HEREBY RELEASE AND HOLD HARMLESS WOODWARD BAPTIST CHURCH AND VOLUNTEERS FROM ALL LIABILITY FOR ALL TYPES OF DAMAGES OR INJURIES, WHETHER FORESEEABLE OR NOT, SUSTAINED BY MYSELF, MY WATCHING/TRAVELING TO OR FROM THIS ACTIVITY, AND DO AUTHORIZE WOODWARD BAPTIST CHURCH TO SEEK MEDICAL HELP IN AN EMERGENCY.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(PARENT OR GUARDIAN)