

**FIRST BAPTIST CHURCH OF PAWTUCKET CAVEQUEST VACATION BIBLE SCHOOL
RELEASE OF LIABILITY FORM**

(MUST BE FILLED OUT FOR EVERY PARTICIPANT)

First Baptist Church of Pawtucket's CaveQuest Vacation Bible School is designed to provide children an opportunity to learn about the love of Jesus Christ. It is filled with Bible-learning experiences, Scieny-fun activities, team-building games, indoor and outdoor activities, music and tasty snacks supervised by adults. I acknowledge this is a program in which my child(ren) participate at their own risk. I agree to tell my children to comply with all of the CaveQuest Vacation Bible School (VBS) rules and regulations for all activities and understand that they are fully responsible for their actions. I release and forever discharge First Baptist Church of Pawtucket (FBC), its Vacation Bible School employees, agents, members, sponsors, promoters, and affiliates from any and all liability claim, cost, or expense, and waive any such claims against any such person or organization, arising directly from any such activity in which my child(ren) may participate during the CaveQuest VBS Program. Further, I agree to participate in an approved mediation regarding any disputes arising from my child(ren)'s participation in this program. My child(ren) currently have no physical or mental condition that would impair their capability for full participation as intended and expected of them (except for: _____).

Parent/Guardian Signature _____ Date: _____

VBS Program Parental Consent: Must be completed for all participating children

Name of Participant (Please Print): _____

Parent or Guardian of Minor (under age 18): I, as Parent or Guardian, of the above stated child represent to First Baptist Church of Pawtucket that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in this Vacation Bible School Program. Further, in consideration granting such license, agree, individually and on behalf of my child or ward, to terms of the above Agreement and Release of Liability.

Parent/Guardian Signature: _____ Date: _____

VBS Program Medical Form (please print)

Participant Name: _____ Sex: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Parent/Legal guardian: _____

Address (if different from above): _____

Day Phone #: _____ Evening Phone #: _____

Doctor: _____ Phone #: _____

Person to contact in case guardian cannot be reached: _____

Phone Number: _____ Relationship: _____

* **Pertinent medical history** (asthma, diabetes, allergies, etc.): _____

* **Special Dietary Restriction** (including vegans, vegetarians, etc.): _____

* **Medication:** _____ How Often? _____

I, Parent or Guardian of _____ (child) give FBC's VBS staff permission to administer first aid and/or transport said minor to nearest hospital or clinic for medical treatment, if needed.

Signature of Parent of Guardian

Date

**** Parent or Guardian: Please fill out this sheet for every VBS participant (an addendum is on the next page) and return to First Baptist Church at 91 Cottage Street, Pawtucket, RI 02860 Attention: VBS.**

PHOTO RELEASE

By signing below, I hereby authorize First Baptist Church of Pawtucket to publish photos of myself and/or my son(s)/daughter(s) or ward(s) on the official First Baptist Church of Pawtucket website and/or for its brochures and/or newsletters. The photos will be used to aid visitors to help them get a visual depiction of FBC's Vacation Bible School experience.

I stipulate by signing below that the photos not be identified in any way with personal information (i.e. name, address, phone number or any other identifying information). The photos will not be used for any other purpose than the stated purpose above.

Not all photos will be used; only those deemed most advantageous for the purpose intended and that most accurately depict the subject matter.

Parent/Guardian Signature _____
Date _____

ADDENDUM

(Please complete the information below, if you are registering a second child for FBC's VBS Program.)

Name of Participant (Please Print): _____

Parent or Guardian of Minor (under age 18): I, as Parent or Guardian, of the above stated child represent to First Baptist Church of Pawtucket that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in this Vacation Bible School Program. Further, in consideration granting such license, agree, individually and on behalf of my child or ward, to terms of the above Agreement and Release of Liability.

Parent/Guardian Signature: _____ Date: _____

VBS Program Medical Form (please print)

Participant Name: _____ Sex: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Parent/Legal guardian: _____

Address (if different from above): _____

Day Phone #: _____ Evening Phone #: _____

Doctor: _____ Phone #: _____

Person to contact in case guardian cannot be reached: _____

Phone Number: _____ Relationship: _____

* **Pertinent medical history** (asthma, diabetes, allergies, etc.): _____

* **Special Dietary Restriction** (including vegans, vegetarians, etc.): _____

* **Medication:** _____ How Often? _____

I, Parent or Guardian of _____ (child) give FBC's VBS staff permission to administer first aid and/or transport said minor to nearest hospital or clinic for medical treatment, if needed.

Signature of Parent of Guardian

Date