



## VACATION BIBLE SCHOOL CONSENT AND RELEASE

Long Island Abundant Life Church

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Upcoming Grade \_\_\_\_\_

Address \_\_\_\_\_

Parent(s)/Guardian(s) name(s) \_\_\_\_\_

My child has my permission to participate in the Long Island Abundant Life Church Vacation Bible School. I understand that my child will be participating in several activities, including but not limited to: low risk activities, indoor games and sports, limited running.

If there are any types of activities I do not want my child to be involved in, I have listed them below:

I hereby authorize Long Island Abundant Life Church staff or volunteers, and/or emergency and medical personnel to make emergency medical decisions for my child and for my child to be treated for such medical emergency.

I also authorize Long Island Abundant Life Church, its representatives, contractors, employees and volunteers acting on behalf of the ministry, to take and/or use, copyright, publish, edit, crop or treat images or likenesses of me or my child(ren), including photographs, videos or otherwise, of me or of my child(ren), for any lawful use on the ministry's website, social media pages, blogs, or in other official ministry printed or electronic publications without further consideration. I understand that should photographs or videos of me or my child(ren) be used on Long Island Abundant Life Church-owned or operated websites or webpages, they may be available for download.

**I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL THE RISKS WHICH MY CHILD MAY ENCOUNTER AT THE VACATION BIBLE SCHOOL ACTIVITIES SPONSORED BY LONG ISLAND ABUNDANT LIFE CHURCH THAT MY CHILD WILL BE ATTENDING.**

In consideration of my child being permitted to participate in the event(s) described above and other valuable considerations the receipt of which is acknowledged, I hereby **AGREE TO RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS** Long Island Abundant Life Church and its agents and employees from any and all past, present, and future, known and unknown liabilities, actions, causes of action, claims, expenses, and damages, **INCLUDING THOSE CAUSED BY THE NEGLIGENCE OR FAULT OF THE MINISTRY, ITS LEADERS, EMPLOYEES, OR VOLUNTEERS**, and including without limitation, interest, penalties, court costs, attorney's fees and expenses resulting from or on account of injury to myself or my property in connection with any event anticipated by this form. **I FURTHER RELEASE** any and all claims brought by or through me, including claims for loss of consortium and all similar claims based on relationships with other

people. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the State of New York and that if any portion thereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect. I also agree that any controversy or claim, by or through me, arising out of or relating to the activities anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

**I FURTHER STATE** that I have carefully read the foregoing use agreement and release, and know the contents thereof and I sign this document as my own free act. This is a legally binding agreement which I have read and understand.

Parent/Guardian Print Name \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_

Primary emergency contact person & phone \_\_\_\_\_

Alternative emergency contact person & phone \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance company \_\_\_\_\_

Insurance policy number \_\_\_\_\_

Known allergies & type of reaction \_\_\_\_\_

Chronic illnesses \_\_\_\_\_

Long-term medications \_\_\_\_\_

**DISMISSAL: Who may pick up your child at the end of each VBS day?**

1. Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_