

**TEMPLO EL OASIS FOURSQUARE CHURCH**

2016 Vacation Bible School Waiver Release Form

Monday, June 20 through Friday, June 24, 2016

1:00pm – 12:00pm

The undersigned do(es) hereby give permission for our (my) child(ren): (List child(ren) name(s),

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(“Child/children”), to attend and participate in Templo El Oasis, Foursquare Church Vacation Bible School during the period of **JUNE 20-24, 2016.**

**LIABILITY RELEASE:** In consideration of TEMPLO EL OASIS FOURSQUARE CHURCH 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 TEMPLO EL OASIS FOURSQUARE CHURCH, its directors, employees, volunteers and agents (collectively herein the “Church”) from any and all liability, claims or demands for 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.

Furthermore, we (I) [and on behalf of our (my) minor child(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in activities involved therein.

**MEDICAL TREATMENT PERMISSION:** We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

Parent/GuardianSignature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Insurance:** YES \_\_\_\_NO \_\_\_\_

**InsuranceCompany:** \_\_\_\_\_ **Policy/GroupID#** \_\_\_\_\_

**Allergies or Medical Conditions:** *(If more than one child list each separately)*

**Date of last tetanus shot** *(Each child)* \_\_\_\_\_

**Activity restrictions:** \_\_\_\_\_

**Emergency Contact person & phone #s in case parent/guardian cannot be reached:**

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

**Phone #s:** \_\_\_\_\_

Parent/GuardianSignature \_\_\_\_\_ Date \_\_\_\_\_