

Grace Lutheran Church
1061 Sherman Street, PO Box 577
Sturgis, SD 57785 (605-347-2713)
Church Website: www.sturgisglc.org

VACATION BIBLE SCHOOL
CONSENT AND RELEASE FROM LIABILITY
June 25 -28

Please complete form and turn into the church office.

_____ has my permission to participate in all activities of Grace Lutheran Church.
(student's name)

I understand all events will have adult supervision. In consideration of the benefits to be derived from these activities, I hereby voluntarily waive any claim against Grace Lutheran Church, the sponsors, and the owner/or driver furnishing transportation to the event. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the sponsors in charge. This consent and release is in effect until I give Grace Lutheran Church written notice to the contrary.

ADDRESS INFORMATION:

Parents names: _____

Street: _____

City: _____ ZIP: _____

Phone: _____ Cell: _____

E-mail: _____ Student's Birthdate: _____

Grade child just finished: _____

Does she/he have any allergies or allergic reaction to any medication or food? ____yes ____no If yes, explain

Who is authorized to pick your child up? _____

Emergency Contact Name: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

PHOTO RELEASE AGREEMENT: please check one statement below. Names would not be released.

____ I authorize Grace Lutheran Church to include my child(ren) in pictures for church promotional use.

____ I DO NOT authorize Grace Lutheran Church to include my child(ren) in pictures.

PARENT/GUARDIAN SIGNATURE: _____ Date _____