

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

**VACATION BIBLE SCHOOL**  
**CONSENT AND RELEASE FROM LIABILITY**  
**June 24 - 27 / 9 am – 12 pm**

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 \_\_\_\_\_