



2024 Vacation Bible School Registration and Waiver Release Form

Date: June 3-7, 2024

Time: 9:00am - 1:15pm

Location: Salem-Zion Mennonite Church (North Church)

27844 443rd Ave., Freeman, SD 57029

Please have children arrive by 8:45am for Check-in/Registration.

Table with 3 columns: Child's Name (Last, First), Birthdate, Last Grade Completed. Contains 4 empty rows for registration.

Parent/Guardian Name(s) _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent email address(es) _____

LIABILITY RELEASE: In consideration of Salem-Zion allowing the above child(ren) to participate in Vacation Bible School activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless Salem-Zion, 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 that may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. As well as releasing the child(ren), if necessary, for transportation to and from the Vacation Bible School location, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless Salem-Zion, its directors, employees, volunteers, and agents from any and all liability, claims, or demands for accidental personal injury in the process of transportation.

MEDICAL TREATMENT PERMISSION: 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(ren) pursuant to this authorization.

PHOTO/VIDEO PERMISSION: I DO / DO NOT (circle one) give my consent to Salem-Zion to use photo or video images taken of my child(ren) in church brochures, advertisements for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold harmless Salem-Zion from any liability which may result from the use of said picture(s). This form will apply throughout my child(ren)'s tenure at Salem-Zion's Vacation Bible School. **None of the photos will be for personal use.**

I hereby give permission for my child(ren) to participate in Vacation Bible School at Salem-Zion Mennonite Church on June 3-7, 9:00am - 1:15pm.

Parent/Guardian Signature _____ Date _____

Complete the following for each child in the family.

All information will remain confidential to Vacation Bible School staff.

Child's Name _____	Medical Insurance YES ___ NO ___
Insurance Company _____	Policy/GroupID# _____
Allergies, Medications, and/or Medical Conditions _____	

Activity restrictions _____	
Parent/Guardian phone number(s) _____	
Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:	
Name(s) _____	
Contact Phone _____	
People authorized to pick up my child _____	

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Contact Phone _____	
People authorized to pick up my child _____	

Please return the completed Registration and Waiver Release Form to:

Kelsey Pidde, Lacey Friesen, Libby Miller, or Bailey Carlson

or

Salem-Zion Mennonite Church VBS, 27844 443rd Ave. Freeman, SD 57029

Will your child be participating in the DVBS program on Sunday morning at 10:00? Yes ___ No ___