



**Medical Waiver and Release (under 18)**

**Photo Release Form**

Name of Child: \_\_\_\_\_

Parent(s) Names: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Allergies and/or/Medical Conditions: \_\_\_\_\_

I am the parent or guardian having control or custody of the registered child. I hereby grant my child permission to take part in the Redeemer Bible Church's Vacation Bible School from July 10-14 2017. I certify that my child is physically and mentally fit for these activities and will obey the rules and leaders in charge. I grant permission in case of injury, accident, or illness for my child to be treated by any licensed physician, and I agree to pay for such treatment. Further, I release Redeemer Bible Church of Dallas, Inc. and their officers, directors, agents, representatives, employees, and volunteers from any and all responsibility, liability, or claims (including any of such based upon their alleged negligence), for personal injury, damages, accident, or illness incurred by my child, arising from or related to my child's participation in this event at or connected with Redeemer Bible Church of Dallas, Inc.

***I give permission for Redeemer Bible Church to use my child's photos in printed publications, video presentations and/or online. Please circle one:    Yes        No***

Signature of Parent or Guardian: \_\_\_\_\_

Date \_\_\_\_\_