



## Honey Brook Community Church

### Vacation Bible School

June 19-23, 2023 from 7:00-8:30 PM

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#### PARENT/GUARDIAN AUTHORIZATION AND RELEASE AGREEMENT

Child's name: \_\_\_\_\_

Child's age: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Emergency Contact & Relation to Child: \_\_\_\_\_

Emergency Contact Ph. Number: \_\_\_\_\_

Food or environmental allergies: \_\_\_\_\_

Do you give permission to HBCC volunteers to transport your child to and from Bible School? Y/N

Additional info: \_\_\_\_\_

Email address \_\_\_\_\_

YES / NO (**circle one**) I would like to receive information about another Vacation Bible School later this summer in Honey Brook hosted by Rockville Mennonite Church.

YES / NO (**circle one**) I would like to receive information regarding this Vacation Bible School at Honey Brook Community Church next year, 2024.

As the parent or legal guardian of \_\_\_\_\_ (print name of child), I hereby give permission for my child to participate in the HBCC Vacation Bible School. I understand that HBCC is a nonprofit charitable institution, which is voluntarily presenting this program for the child, other participants, and the community. I also understand that the program has activities that can involve physical contact with other participants, the ground or equipment, and that there is a resulting risk of physical injury to the child.

I have explained these risks and benefits of participating in this program to the child and the child is in proper physical condition and has no existing injuries or conditions that could jeopardize his/her safety or health, or the safety or health of the other participants.

I therefore release and discharge all liability for any harm or injury suffered directly or indirectly or any illness, including Covid-19 as a result of the child's participation in HBCC Vacation Bible School whether or not resulting from negligence, and I agree not to sue HBCC, its representatives, staff, or volunteers on any such claim. I also give permission for the staff, representative, or volunteers of HBCC to administer first aid or to seek medical care for the child during the child's participation in the program, including transportation of the child to a medical facility for additional treatment that appears necessary.

I am also aware that by my child participating in HBCC Vacation Bible School I am consenting to photos and / or videos being taken at this event that may include my child and these photos and / or videos may be used online and on social media for promotional purposes.

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Signature (Parent/Guardian)

Printed (Parent/Guardian)

Date