



MICHIANA FIL-AM CHURCH

VBS REGISTRATION FORM

(One Per Child)

MICHIANA FIL-AM SDA VBS Liability Waiver 2019

As the parent or legal guardian of _____ (print name of child), I hereby give permission for my child to participate in the MICHIANA FIL-AM VBS Program. I understand that MICHIANA FIL-AM is a nonprofit charitable institution, which is voluntarily presenting this program for my 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 my child.

I have explained these risks and benefits of participating in this program to my child and my 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 as a result of my child's participation in the MICHIANA FIL-AM VBS Program, whether or not resulting from negligence, and I agree not to sue MICHIANA FIL-AM, its representatives, staff, or volunteers on any such claim. I also give permission for the staff, representative, or volunteers of MICHIANA FIL-AM to administer first aid or to seek medical care for my child during my child's participation in the program, including transportation of my child to a medical facility for additional treatment that appears necessary.

Print name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____