



Windsor Community
United Methodist Church

Windsor UMC Vacation Bible School 2018

July 16-20
9 AM-12 PM

9451 Brooks Rd. South, Windsor
PO Box 87 (mailing address)
(707) 838-6898
windsorumc@aol.com
www.windsorumc.com

Child's Name:	Child's Age:
Address:	Entering Grade:
Daytime Phone:	Food Allergies:
Emergency Contact:	
Phone:	
Relationship to Student:	Medical Concerns:
People who may pick up child:	
Cost per child: \$5 per day or \$20 per week	Church Membership at:
Paid:	
Email:	

Liability Release and Medical Consent Form

In consideration for being accepted for participation in the event _____, hosted by _____, we (I), being 21 years of age or older, do for ourselves (myself) and on behalf of my child-participant, if said child is not 18 years of age or older, do hereby acknowledge and understand the inherent risks of activities at aforementioned event, including, but not limited to accidents traveling to, from and during event; physical injury during games and activities and personal property loss or damage.

Further, authorization and permission is hereby given to said Event Host(s) to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said Event Host, Windsor Community United Methodist Church & Ministry, its directors, employees and agents, for any liability sustained by said church as the result of negligent, willful or intentional, or unintentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said youth events, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility for all medical bills, if any. Further, *should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.*

This consent form is valid from _____ July 16 _____ to _____ July 20 _____ or until voided with written notice. A photocopy is as valid as the original.

Parent's Signature: _____ **Date:** _____