St. Timothy Catholic Church's

2017 Vacation Bible School

Summary of Registration

Family Name: _____

Email: _____

Adult(s): *(First Name)* *(Last Name)*

_____

_____

Children: *(First Name)* *(Last Name)* *(Grade)*

_____

_____

_____

_____

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Parental/Guardian Consent Form & Liability Waiver

I understand and acknowledge that participation in the activities involves inherent risks of injury to my child/children. I agree to indemnify the Parish, Youth Ministers, Volunteers, and the Diocese of Arlington for any costs or expenses arising out of my child/children's participation in the activities including the cost of any medical care given my child/children or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child/children in the course of his or her participation in the activity. **I further give my consent** to that in my absence the above-named minor(s) be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor(s). **Also, I authorize the Diocese of Arlington and St. Timothy Catholic Church** to use my child's picture or video recording for educational and/or marketing purposes.

Parents/guardians who do not wish their child/children to be photographed or filmed should notify the Parish Office, Attn: Vacation Bible School program in writing. I understand that in the event my child becomes ill with a communicable illness during Vacation Bible School, I have to make immediate arrangements to retrieve my child from Vacation Bible School.

_____ _____

Signature *(required)* Date