

**St. Mary's Immaculate Conception VBS 2022**

**Date: July 25<sup>th</sup>-28<sup>th</sup> 5:15-8:00pm**

**RELEASES**

Child's name. \_\_\_\_\_

**Medical Release:**

In the event of emergency, I hereby authorize St. Mary's Immaculate Conception ("St. Mary's") and its staff, employees, volunteers and helpers, drivers, and sponsors (collectively "Representatives") to take any steps they deem necessary to obtain emergency medical care, including without limitation, anesthesia, for my child(ren) and I hereby release St. Mary's and its Representatives from any financial liability incurred during such emergency treatment.

Sign here. \_\_\_\_\_

**Photograph Release:**

Activities sponsored by St. Mary's are often photographed and/or videotaped. As parent or guardian, I give my permission for my child(ren) to be photographed and/or videotaped: Yes \_\_\_\_\_ No \_\_\_\_\_

**Church Release:**

I hereby release St. Mary's and its Representatives from and liability for injury or damages suffered by above child(ren) and agree to release indemnify and waive any rights by subrogation I may have, and hold harmless St. Mary's and its Representatives for claimed or asserted injury or damage to my child(ren).

By signing your name you are signing authorization form and agreeing to terms stated within.

Name:

Date: