

# Parent Permission Form



**Name of Event:** Vacation Bible School - Kingdom of the Son

**Theme of Event:** The Lord's Prayer

**Place:** Larsa Hall & Classrooms

**Church Office #:** (209) 669-3886

**VBS Director:** Helen Piro

**Phone #:** (209) 652-0692

**VBS Assistant Director:** Evelyn Oraha

**Phone #:** (209) 484-2819

**Date:** Mon., June 14 to Fri., June 18, 2010 **Time:** 9:00 a.m. - 12:00 p.m.

**Cost:** \$20 per child includes T-shirt, daily snacks, activities, Bible learning along with a Friday luncheon and celebration.

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As a parent or legal guardian, you remain fully responsible for the actions and conduct of your child/children, including any legal responsibility which may result.

I hereby consent to participation by my child/children, \_\_\_\_\_, in this activity. I understand that this event may take place away from the church facilities and that my child will be under the supervision of the designated person(s) on the stated dates. I further consent to the conditions stated above regarding participation in this event. In consideration of my child/children being allowed to participate in this activity, I agree to indemnify and hold harmless The Holy Apostolic Catholic Assyrian Church of the East and its representatives, including leaders, teachers, and helpers, from any and all claims, including negligence, arising from or relating to my child's/children's participation in this event. This indemnification and hold-harmless agreement does not apply to claims for intentional misconduct or gross negligence.

I hereby authorize the following people to pick up my child/children:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Legal Guardian (print) \_\_\_\_\_

Parent/Legal Guardian (sign) \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form with a completed Medical Release Form by **6/6/2010**.