

**Faymont Baptist Church  
VBS Liability Waiver 2024**

As the parent or legal guardian of \_\_\_\_\_ (print name of child), I hereby give permission for my child to participate in the Faymont Baptist Church VBS program. I understand that Faymont Baptist Church is a nonprofit institution that is voluntarily presenting this program for my child, other participants, and the community.

I also understand that the program has activities that may involve physical contact with other participants, the ground, equipment, etc. I understand this presents the risk of physical injury to my child. I have explained the benefits and risks of participating in this program to my child.

\_\_\_\_\_ My child has no limitations/considerations (including pre existing injuries or other conditions) that could jeopardize his/her health or safety or the health and safety of others. My child needs no special considerations (physical, learning, or otherwise).

\_\_\_\_\_ My child has the following limitation(s) and/or needs the following considerations:

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I hereby release and discharge Faymont Baptist Church of all liability for any harm, injury, or sickness suffered directly or indirectly as a result from my child's participation in the Faymont Baptist Church VBS program, whether or not resulting from negligence. I agree not to sue Faymont Baptist Church, its representatives, or volunteers on any such claim. I also give permission for the staff, representatives, or volunteers of Faymont Baptist Church to administer first aid and/or seek medical care for my child during my child's participation in the program.

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Date: \_\_\_\_\_