**Informed Consent and Acknowledgement**

I hereby give my approval for my child’s participation in any and all activities prepared by Annapolis Seventh Day Adventist Church during the selected Vacation Bible School period.  I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless {Annapolis Seventh Day Adventist Church} . and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising during the VBS sessions.

In case of injury to said child, I hereby waive all claims against  {Annapolis Seventh Day Adventist Church} . including all leaders and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all activities.

I understand that photos may be take of my child/children during VBS. I hereby grant permission to Annapolis Seventh Day Adventist Church representatives, to take and use: photographs and/or digital images of me for use in news releases and/or educational materials. These materials might include printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Annapolis Seventh Day Adventist Church.

**Medical Release and Authorization**

As Parent and/or Guardian of the named child, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor’s life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named child. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to the (Annapolis Seventh Day Adventist Church) and its affiliates including leaders, teachers, to provide the needed emergency treatment prior to the child’s admission to the medical facility.

Release authorized on the dates and/or duration of the registered VBS.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

**Confirmation** –I hereby acknowledge **all** the information on this form. Please sign in the box provided.

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| --- |
| Signature:  Relationship:  Email: |