

**First Congregation Church of Portland  
Liability Release Form**

**Name of Participant (please print)** \_\_\_\_\_

**Name of Activity:** Vacation Bible School

**Date of Activity:** June 17 – June 21, 2019

**Liability Release Form**

I/we understand that there are inherent risks involved in any activity, and I/we hereby release The First Congregational Church of Portland and its leaders and volunteers from any and all liability due to any injury, loss, or damage to person or property that may occur during the course of child's involvement with The First Congregational Church of Portland.

**Medical Release Form**

I/we the undersigned, parents, or legal guardians of the above named participant, a minor, have given our consent for him/her to participate in an activity organized by The First Congregational Church. In the event that he/she is injured while attending the activity and requires the attention of a doctor, I/we consent to reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital refuses to administer without my/our consent, I/we hereby authorize **Ann Labby**, one of the leaders of The First Congregational Church of Portland to give such consent for us if I/we cannot be reached by phone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a phone call. In the event it becomes necessary for that person to give consent for us, I/we will agree to hold such person free and harmless of any claim, demands or suits for damages arising from the giving of such consent. I/we also acknowledge that I/we will be responsible for the cost of all medical treatment.

**Photograph Release Form**

Photographing during Vacation Bible School takes place throughout the week. The pictures may be posted on the church website, in the church news letter (Belfry Chimes), Rivereast newspaper, bulletin boards or in a slide show presentation.

I give permission for my child/children to be photographed (no names will be mentioned)

\_\_\_\_\_  
**(Parent signature)**

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City/State \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone number to be reached at: \_\_\_\_\_

Who will they be picked up by each day: \_\_\_\_\_

Known Allergies \_\_\_\_\_

Current Medications or Health Conditions \_\_\_\_\_

**Parents Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_