

New Life Fellowship 2022 VBS

New Life Fellowship
1020 299th St. E. Graham, WA 98338
June 27th- July 1st
9am-11:55am

Name: _____ Age: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

Allergies: _____

Authorized Pick-up Person(s): _____

Medical Release Form

In consideration for New Life Fellowship of Graham providing this described activity for participant named above, we do hereby release and hold harmless New Life Fellowship of Graham and its members as respects this activity, from any loss and liability as a result of injury to and/or damage to property arising out of the actions of or to the participant named in this permission slip.

In case of emergency, we understand every effort will be made to contact the parents or guardians of the youngster.

In the event that we cannot be reached, we hereby give permission to the physician selected to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for our youth as named above.

Parent/Guardian Signature: _____ Date: _____

Other Emergency Contact Name: _____ Phone: _____

Photography Release

I grant to New Life Fellowship of Graham, its representatives, and employees, the right to take photographs of my child in connection with the above- identified activity. I authorize New Life Fellowship of Graham to use and publish the same in print and/or electronically.

Parent/Guardian Signature: _____