**Vacation Bible School Waiver and Release Form for:**

**Child/children’s name**

**Medical Release:**

In the event of an emergency, I hereby Hillsboro Baptist Church and its staff, employees, volunteers and helpers to take any steps they deem necessary to obtain emergency medical care. I also hereby release Hillsboro Baptist church from any financial liability incurred during such medical treatments.

**Church Release:**

I hereby release Hillsboro Baptist church from any liability for any injury or damages suffered by my child during VBS activities.

I hereby state that I am the parent of the child stated above.

I am familiar with and consent to the terms and conditions set forth in this release of liability.

Parent / guardian signature

Parent/ Guardian Printed name Date: