



Whispering Pines Church

680 Brighton Street, Grass Valley, CA 95945

~ 2 Timothy 3:16-17

MEDICAL RELEASE and PHOTO/CONTENT CONSENT FORM

Permission granted in this form will cover any time Vacation Bible School gathers at Whispering Pines Church during the program year 2017.

CHILD'S NAME: _____

PARENT/GUARDIAN NAME: _____

MEDICAL CONDITIONS/ALLERGIES: _____

MEDICATIONS: _____

Insurance Company: _____

Policy Number: _____

Parent/Guardian Agreement:

I do hereby authorize the staff and adult volunteers of Whispering Pines Church as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further hereby give my approval of, and consent for my child to participate in any and all of the activities of Vacation Bible School. I assume all risks and hazards incidental to the activities, and so hereby release, acquit, and forever discharge and agree to indemnify and save harmless Whispering Pines Church, their Vacation Bible School, their staff, volunteers, and all other persons assisting with the conduct of said activities.

Signature of Parent/Legal Guardian

Date

Content Usage/Photo Consent:

I consent to the use, by Whispering Pines Church, of any photographs, or any visual or audio reproduction in which I/my child may appear. I understand that these materials may be used for promotion of the church, including on its website, www.wpcog.com. I acknowledge that the church may choose not to use my photograph(s) at this time, but may do so at its own discretion at a later date, up to 5 years from the date the photograph was taken. I agree to indemnify and hold harmless the church, its pastors, deacons, members and designees from any claims arising out of the use of my photograph(s). Whispering Pines Church reserves the right to discontinue use of any photograph(s) or content without notice.

Signature of Parent/Legal Guardian

Date