

San Sebastian Catholic Church "Shipwrecked Rescued by Jesus"

Camper VACATION BIBLE SCHOOL REGISTRATION FORM

July 16th-20th starts at 9am & ends at noon

Cost \$5 (for anyone 3-17 years old)

(One form per child, please)

*Student First Name: _____ Last Name: _____

Age: _____ Gender: Male Female

Grade entering in August 2017: _____

Allergies: _____

Medical Issues or Special Needs: _____

*Parent Name: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Email: _____

*Home Phone Number: _____ Cell Phone Number: _____

Emergency Contact: _____ Emergency Phone: _____

Alternate Pickup Name: _____

I request that my child, _____, be allowed to participate in San Sebastian Catholic Church VBS. I grant permission for the Diocesan employees or volunteers to administer first aid and to seek emergency medical treatment in the event that such treatment is deemed necessary. I grant my permission to those administering medical treatment to do so. I release and hold harmless the Diocese of St. Augustine, Bishop Felipe J. Estévez, S.T.D., as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Felipe J. Estévez, S.T.D., individually, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property of the child, or death, caused by negligence or otherwise, while the child is engaged in the above-stated event. The undersigned expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs and next of kin.

(Parent/Guardian/Representative Signature)

(Date)

(Printed Name of Parent/Guardian/Representative)

Child Photography Release Form Without compensation I hereby grant permission to the Catholic Diocese of Saint Augustine to use and reproduce photographs and/or video of my child taken during VBS. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of Saint Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

(Parent/Guardian/Representative Signature)

(Date)

_____ I do not grant the above Photography release.

