



**2024 Vacation Bible School**  
**June 3-6 --- 9:00 am - 3:00 pm**  
**(Kickoff Worship June 2)**  
**Living Springs Lutheran Church**  
**Ages 3 - 12th Grade.**  
**\$5 per participant**

**2024 Vacation Bible School Registration  
 and Waiver Release Form**

Please have children arrive by 9:00 am for Check-in/Registration.

Child's Name (Last, First)	Birthdate	Last Grade Completed

**Parent/Guardian Name(s)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Parent email address(es)** \_\_\_\_\_

**LIABILITY RELEASE:** In consideration of Living Springs Lutheran Church allowing the above child(ren) to participate in Vacation Bible School activities, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless Living Springs Lutheran Church, its directors, employees, volunteers, and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School. Furthermore, on behalf of my minor child(ren), I hereby assume all risk of accidental personal injury, sickness, death, damage, and expense due to participation in activities involved therein. As well as releasing the child(ren), if necessary, for transportation to and from the Vacation Bible School location, I, the undersigned, do hereby release, forever discharge, and agree to hold harmless Living Springs Lutheran Church, its directors, employees, volunteers, and agents from any and all liability, claims or demands for accidental personal injury in the process of transportation. INITIALS \_\_\_\_\_

**MEDICAL TREATMENT PERMISSION:** I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child(ren) pursuant to this authorization. INITIALS \_\_\_\_\_

**PHOTO/VIDEO PERMISSION:** I **DO / DO NOT** (*circle one*) give my consent to Living Springs Lutheran Church to use photo or video images taken of my child(ren) in church brochures, promotions for the church, on the website, in social media, and in other church publications as they see fit. I agree to hold Living Springs Lutheran Church harmless from any liability for using said picture(s). This form will apply throughout my child(ren)'s tenure at Living Springs Lutheran Church's Vacation Bible School. **\*\*None of the photos will be for personal use. \*\*** INITIALS \_\_\_\_\_

**COVID-19 WAIVER:** I acknowledge an inherent risk of exposure to COVID-19 in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and guests with underlying medical conditions are especially vulnerable. COVID-19 protocols will be in place at this event, as approved by Living Springs Executive Team, and I agree that my children (and I) will abide by these protocols. By your child (and/or you) being at this event, you voluntarily assume all risks for your child (and/or you) related to exposure to COVID-19. INITIALS \_\_\_\_\_

I hereby give permission for my child(ren) to participate in Vacation Bible School at Living Springs Lutheran Church on June 3-6, 2024 (including the kickoff on Sunday, June 2, 2024), and I hereby agree to all the Releases, Permissions, and Waivers initialed by me on this 2-page form.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Complete the following for each child in the family.**  
*All information will remain confidential to Vacation Bible School staff.*

<b>Child's Name</b> _____	<b>Medical Insurance</b> YES ___ NO ___
<b>Insurance Company</b> _____	<b>Policy/Group ID#</b> _____
<b>Allergies, Medications, and/or Medical Conditions</b> _____ _____ _____	
<b>Activity restrictions</b> _____	
<b>Parent/Guardian phone number(s)</b> _____	
<b>Emergency Contact: person(s) &amp; phone numbers in case parent/guardian cannot be reached:</b>	
<b>Name(s)</b> _____	
<b>Contact Phone</b> _____	
<b>People authorized to pick up my child</b> _____ _____	

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<b>Parent/Guardian phone number(s)</b> _____	
<b>Emergency Contact: person(s) &amp; phone numbers in case parent/guardian cannot be reached:</b>	
<b>Name(s)</b> _____	
<b>Contact Phone</b> _____	
<b>People authorized to pick up my child</b> _____ _____	

**Please return the completed Registration /Waiver Release Form to the church office at:**  
**Living Springs Lutheran Church 4224 Hard Scrabble Road, Columbia, SC 29223 (ph. 803-736-0661)**  
**Questions (or forms) may also be emailed to: [pastorcarl@livingspringscolumbia.org](mailto:pastorcarl@livingspringscolumbia.org)**