



2025 Vacation Bible School
June 2, 3, 4: 9am-1pm (incl. lunch)
(Kickoff Festival on June 1, 4-6:30pm)

Living Springs Lutheran Church
Age 3—5th Grade (plus Grades 6-12)
\$5 per participant

2025 Vacation Bible School Registration & Waiver Release
 Please have children arrive by 9am 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 _____

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. If it should be necessary, 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 2, 3, 4, 2025 (including also the kickoff festival on Sunday, June 1, 2025), 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.

Child's Name _____	Medical Insurance YES___ NO___
Insurance Company _____	Policy/Group ID# _____
Allergies, Medications, and/or Medical Conditions _____ _____ _____	
Activity restrictions _____	
Parent/Guardian phone number(s) _____	
Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:	
Name(s) _____	
Contact Phone _____	
People authorized to pick up my child _____ _____	

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Insurance Company _____	Policy/Group ID# _____
Allergies, Medications, and/or Medical Conditions _____ _____ _____	
Activity restrictions _____	
Parent/Guardian phone number(s) _____	
Emergency Contact: person(s) & phone numbers in case parent/guardian cannot be reached:	
Name(s) _____	
Contact Phone _____	
People authorized to pick up my child _____ _____	

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)

Forms may also be emailed to: vbs@livingspringscolumbia.org