



WORLD HARVEST CHURCH | VACATION BIBLE SCHOOL

REGISTRATION FORM WAIVER & RELEASE OF LIABILITY

Student's Name _____

Address _____ City _____ State _____

Age _____

Last school grade completed _____ School your child attends _____

Do you attend World Harvest Church? ☐ Yes ☐ No

If not, what church do you attend? _____

Parent(s)/Guardian(s) Name _____

☐ Address is same as child

Address _____ City _____ State _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email _____

Please list an emergency contact in case we cannot reach a parent or guardian:

Contact Name _____ Cell Phone (_____) _____

Email _____

MEDICAL INFORMATION (PLEASE FILL-OUT COMPLETELY) *Please check any that apply to your child:*

- | | | | |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Physical Limitation | <input type="checkbox"/> Asthma | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Other | | |

If any of the medical conditions listed apply, or any other medical condition please explain:

Food allergies: _____

Please list ALL allergies here: _____

Please list any additional information about your child that would be useful for our staff to know:

PLEASE TURN OVER - PARENTAL SIGNATURE REQUIRED

ADMISSION TO PROGRAM

The risk and benefit to both those with infectious communicable diseases and others have been weighed by the Board and the Board has concluded that no child or individual will be permitted to be a part of World Harvest Church's Children's Ministries while they are infected with a communicable disease. The risk of a presentment of a health danger to themselves and an increased risk to others with whom they may have contact is such that the Board believes it to be in the best interest of all concerned that such individuals and children be excluded from World Harvest Church's Children's Ministries. (A complete copy of our Policies and Guidelines concerning communicable diseases is available upon request.)

PERMISSION TO TRANSPORT CHILD

I give World Harvest Church my permission to transport my child (child's name)

to (Hospital/Clinic) _____ for emergency care

to (Dentist/Clinic) _____ or emergency care

PARENTAL PERMISSION AND RELEASE

In consideration of my being granted the right to participate in the Children's Ministries Program (herein the "Children's Ministries") of World Harvest Church (herein referred to as the "Church"), I hereby release, remise and forever discharge the Church, its officers, directors, agents, employees, members, affiliates, and the successors and assigns of each of them (all of the above persons and entities are hereinafter collectively referred to as "Released Parties") of and from any and all claims, demands, causes of action and suits of every kind and nature which I may now have or may have at any time hereafter relating in any way to my involvement with the Church including, without limitation, my participation in the Children's Ministries. This release shall be binding upon my spouse, heirs, personal representative and assigns. I hereby agree to indemnify and save and hold harmless the Released Parties and each of them from any loss, liability, damage or costs they incur due to claims brought against the Released Parties arising out of my injury or death while participating in the Children's Ministries, whether caused by the negligence of the Released Parties or otherwise. I acknowledge that the activities can be dangerous and involve serious risk and I hereby assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to my participation in the Children's Ministries, whether caused by the negligence of the Released Parties or otherwise. IF I AM SIGNING AS A PARENT OR GUARDIAN FOR A MINOR, I AGREE THAT THIS RELEASE APPLIES ALSO TO ME, JOINTLY AND SEVERALLY. I HAVE READ THIS RELEASE AND UNDERSTAND ALL OF ITS TERMS.

Name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date _____

WAIVER AND RELEASE OF LIABILITY

I, the undersigned participant and parent/guardian of the above-listed minor (if participant is under the age of 18), acknowledge that I am signing this Waiver/Release of Liability in consideration of permitting me (or my minor child) to participate in activities at Vacation Bible School July 17th-21st, 2023. I acknowledge and fully understand that I (or my minor child) will be engaging in activities at (Vacation Bible School) that involve risks of serious bodily injury, including permanent disability or death, risk of severe economic and social loss, and other risks either not known to me or not readily foreseeable at this time, which may result not only from my own (or my minor child's) actions, inactions, or negligence, but also from action, inaction, or negligence of others, the condition of the premises, or the condition of any equipment used. I understand and agree that by signing this Waiver/Release of Liability, I am assuming full responsibility for all the foregoing risks and accepting full personal responsibility for any losses, costs, or damages resulting from my (or my minor child's) participation in any activities at World Harvest Church.

I understand and agree that by signing this Waiver/Release of Liability, I am agreeing to release, discharge, covenant not to sue, indemnify and hold harmless World Harvest Church and its owners, directors, officers, agents, employees, and associated personnel from any and all liability, claims, demands, losses, injuries, damages, or costs, including attorney fees, associated with or arising from my (or my minor child's) participation in any activities at Vacation Bible School which participation I hereby authorize. I understand that this Waiver/Release of Liability will be binding on me, my spouse, my heirs, my personal representatives, my assigns, my children and any guardian ad litem for said children.

I acknowledge that I have read this Waiver/Release of Liability and that I understand the words and language in it. I understand that I am giving up substantial rights by signing this Waiver/Release of Liability and I sign below voluntarily. I intend by my signature that this Waiver/Release of Liability be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any portion of this Waiver/Release of Liability is held to be invalid the balance, notwithstanding, shall continue in full force and effect. This Waiver/Release of Liability shall be governed by all purposes by Ohio law, without regard to the law of conflicts of law.

Name of Parent or Guardian _____ Date _____

(Parent/Guardian's signature is required if participant is under the age of 18)

Participant's Signature _____ Date _____

Note: If the participant is under the age of 18, both the participant's AND the parent/guardian's signatures are required.
If the participant is 18 years of age or older, only the participant's signature is required.

PLEASE COMPLETE A FORM FOR EACH CHILD

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MEDIA RELEASE FORM

I, the undersigned parent/guardian, do hereby grant or deny permission to World Harvest Church, an Ohio non-profit organization, and its affiliates, agents, licenses, successors and assigns (herein collectively the "Ministry") all rights, proprietary and otherwise, in the use of the likeness or image by any method or technology of my child(ren), as marked by my selection(s) below. This Authorization and Grant includes, but is not limited to, the right of the Ministry use of the photographs, images, and/or video taken of my child to reproduce or otherwise use to display, for distribution, publication, transmission/broadcast, circulation, reproduction or otherwise use of printed materials such as brochures and newsletters, videos, and digital images such as those on the World Harvest Church website.

This Authorization and Grant of Rights further acts as an assignment of any and all proprietary rights or interests of any nature in any such original arrangements described in this paragraph, absolutely and forever and free from the requirement of any payment of royalty or compensation.

- ☐ Deny permission to use my child's image and video.
- ☐ Grant permission to use my child's image and video.

Signature of Parent or Guardian _____

Date _____