

Our Lady of Lourdes Catholic Church
915 Mathis Road
Greenwood, SC 29649



Parent/Guardian Permission and Liability Waiver

Event: Vacation Bible School

Dates: Monday, June 25 to Friday, June 29, 2018; 9:00 a.m. to 12:00 Noon

_____	_____	_____	_____	_____
Name of first child	Gender	Age	Birthdate	Rising grade level
_____	_____	_____	_____	_____
Name of second child	Gender	Age	Birthdate	Rising grade level
_____	_____	_____	_____	_____
Name of third child	Gender	Age	Birthdate	Rising grade level
_____	_____	_____	_____	_____
Name of fourth child	Gender	Age	Birthdate	Rising grade level

Name of Parent/Guardian _____
Home Phone _____
Cell Phone _____
Work Phone _____

Permission to Participate: I, _____, grant permission for my son(s)/daughter(s), _____

to participate in this parish youth ministry event. This activity will take place under the guidance and direction of Parish employees and/or volunteers from Our Lady of Lourdes Catholic Church.

Hold Harmless Agreement: As parent/legal guardian, I remain legally responsible for any personal actions taken by my son(s)/daughter(s) named above. I agree on behalf of myself, my son(s)/daughter(s) named herein, our heirs, successors, and assigns to hold harmless and defend Our Lady of Lourdes Catholic Church, its officers, directors, agents, and the Diocese of Charleston from any liability for illness, injury or death arising from or in connection with my son's/daughter's attending the above named activity/event.

Signature of Parent/Guardian: _____ Date: _____

Permission To Be Photographed: I give my permission for my child, _____, to be photographed at this event and understand that the photographs may be used for publicity, etc.

___ Yes ___ No

Signature of Parent/Guardian: _____ Date: _____

Give the name(s) & telephone number of anyone authorized to pick up your child from VBS:

Is anyone NOT authorized to pick up your child? If so, please give the name: _____