



# VBS Registration Form

HOLY ROSARY • ST PAUL • ST ELIZABETH • ALL SAINTS  
JUNE 15-19, 9:00AM-12:00PM

VBS will be hosted at St. Paul's this year, at 909 Rennie Ave, in Richmond.  
You may register children in Kindergarten through Eighth Grade.

Middle School Students will be volunteers who will assist in VBS and  
participate in a community service project.

Each registration is \$20.

## Parent Information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Home Church \_\_\_\_\_

Phone (Calls) \_\_\_\_\_ Phone (Text) \_\_\_\_\_

Email \_\_\_\_\_

I would like to volunteer \_\_\_\_\_

## Child 1

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Special Need? \_\_\_\_\_

## Child 2

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Special Need? \_\_\_\_\_

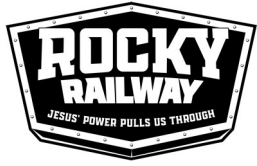
## Child 3

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Special Need? \_\_\_\_\_



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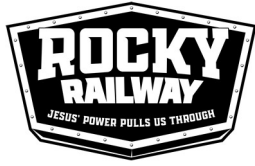
## **AFTER VBS PICK-UP PERMISSION**

Please let us know who has permission to pick up your child(ren) after VBS.

Please let us know who you anticipate picking up your child(ren) each day to help stream-line the pick-up process.

The following people have my express permission and authorization to pick up my child any day from VBS at Holy Rosary.


<b>DAY</b>	<b>ANTICIPATED ADULT FOR PICK UP</b>
<b>MONDAY</b>	
<b>TUESDAY</b>	
<b>WEDNESDAY</b>	
<b>THURSDAY</b>	
<b>FRIDAY</b>	



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## VACATION BIBLE SCHOOL PHOTO RELEASE FORM

I, \_\_\_\_\_, the parent or legal guardian of the following children,

Grant permission for the following children:	Do not grant permission for the following children:

**VBS Partner Parishes** (All Saints/St. Paul/St. Elizabeth/Holy Rosary) my permission to use the photographs taken during Vacation Bible School for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

If I do not grant permission, I understand that my child's image may still be published with my child's face blurred for privacy.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

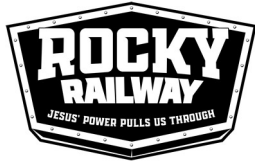
## VACATION BIBLE SCHOOL ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I, \_\_\_\_\_, HEREBY ASSUME ALL OF THE RISKS OF MY CHILDREN PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH **VBS Partner Parishes** Vacation Bible School, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that my children are physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude their participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which my children or I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting my children and me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:



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(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me or my children including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Holy Rosary Catholic Church, St. Paul Catholic Church, St. Elizabeth Catholic Church, and All Saints Catholic School, and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that they are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

**Names of Participating Minor Children:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian/Volunteer Signature

Date

(If under 18 years old, Parent or Guardian must also sign.)