

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.
We need lots of hands to make the work light!

Volunteer Information

First Name _____

Last Name _____

Home Church _____

Phone (Calls) _____ Phone (Text) _____

Email _____

VIRTUS Certified YES NOT YET T-Shirt Size: _____

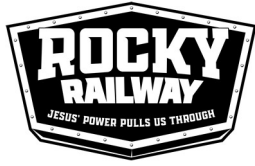
I understand I may be asked to undergo a background check and VIRTUS certification before being approved to volunteer. Please initial here: _____

WHAT IS YOUR AVAILABILITY? MARK "START", "FINISH" OR "ALL DAY" FOR EACH OF THE FOLLOWING DAYS

DAY	START (8:30-10:30AM), FINISH (10:30AM-12:30PM), OR ALL DAY (8:30-12:30)
SUNDAY SET UP	2-4PM ONLY
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
FRIDAY CLEAN UP	12-2PM ONLY

I AM INTERESTED IN THE FOLLOWING VOLUNTEER AREAS:

<input type="checkbox"/> SET UP (SUNDAY 2-4P, ONLY)	<input type="checkbox"/> CLEAN UP (FRIDAY 12-2PM ONLY)
<input type="checkbox"/> KITCHEN AND LUNCH SERVICE	<input type="checkbox"/> FRONT DESK AND HALL MONITOR
<input type="checkbox"/> STATION LEADER/HELPER	<input type="checkbox"/> CREW LEADER/HELPER



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VACATION BIBLE SCHOOL PHOTO RELEASE FORM

I, _____, (DO GRANT) or (DO NOT GRANT) **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 image may still be published with my face blurred for privacy.

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

Volunteer Signature: _____ **Date** _____

Volunteer Name: _____

VACATION BIBLE SCHOOL ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I, _____, HEREBY ASSUME ALL OF THE RISKS OF 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.

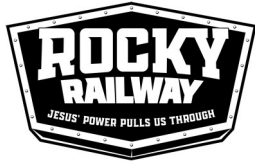
I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

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 I may participate, and that it will govern my actions and responsibilities at said activity.

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

(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 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.



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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.

Volunteer Signature

Volunteer Age if under 18

_____ Date
Parent/Guardian Signature

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