



The Salvation Army of Terre Haute
234 South 8th Street, Terre Haute, IN 47807
Tel: 812-232-4081 www.saterrehaute.com

Vacation Bible School
July 23-27 Time: 9 AM to Noon
Partnership with Child Evangelism Fellowship
Permission Slip & Participant Record

Child Name: _____ DOB: ___/___/___ Grade: ____ Gender: M / F School: _____

Child Name: _____ DOB: ___/___/___ Grade: ____ Gender: M / F School: _____

Child Name: _____ DOB: ___/___/___ Grade: ____ Gender: M / F School: _____

Child Name: _____ DOB: ___/___/___ Grade: ____ Gender: M / F School: _____

Child Name: _____ DOB: ___/___/___ Grade: ____ Gender: M / F School: _____

Parent(s) and/or legal guardian(s): _____

Address: _____ City: _____ Zip: _____

Contact Phone Number(s): _____ E-mail: _____

Medical Information

Needs or concerns (allergies, conditions, dietary needs, medications, etc.):

Names of persons and telephone numbers to call in case of emergency:

Other information leaders should know about the child(ren):

When program activities have concluded, my children may be released into the care of their parent/guardian, any of the listed emergency contacts or: (list names)

Uniform/Clothing Sizes:

T-Shirt (letter): _____

Uniform Shirt Size (number): _____

Uniform Pants/Skirt Size: _____

Shoe Size: _____ *circle:* Kids or Adult

Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of The Salvation Army is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above or I (if I am a participant) am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release The Salvation Army and its staff, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against The Salvation Army or its staff, volunteers, or agents.

I further agree to indemnify and hold harmless The Salvation Army and its staff volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

Special Events and Field Trips

I understand that the child named above or I will be participating in The Salvation Army Youth Programs beginning _____ and ending _____. I understand that during this period my child/ward may take part in activities such as: riding in a Salvation Army vehicle, crafts, field trips, religious instruction, earning emblems, learning new skills and other activities consistent with the purposes of the unit/program.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of The Salvation Army to seek and secure any needed medical attention or treatment for the child named above, including hospitalization if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again; I agree to pay for the medical treatment.

Publicity

On occasion, The Salvation Army takes photographs or makes an audio or videotape recording of children and/or adults involved in unit activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in The Salvation Army publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events; and The Salvation Army may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above or me, if I am participating, to be used, distributed, or displayed as agents of the Salvation Army see fit. This consent includes but is not limited

to: photographs, videotape, and audio recordings. Furthermore, I give permission for the child to be interviewed by the news media or for such photographs and other audio or visual records to be used by the news media.

By placing my initials here _____ I am acknowledging that my child's image may be used and shared in both publications and online Social Media (i.e. Facebook).

Agreement for Activities

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of The Salvation Army, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of The Salvation Army, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian _____
Date

Print Name of Parent or Legal Guardian

Witness Signature _____
Date

Young Person's Agreement for Salvation Army Activities (sign if under 18)

I agree to participate in the functions and activities of The Salvation Army and to cooperate with the leaders and other young people. I promise to respect myself, respect other persons, and respect property. I understand that my continued participation in Salvation Army activities depends on my support of this agreement.

Signature _____
Date