

VBS 2024 Consent Form:

1. I give Cumberland County Community Church permission to use photos or other digital reproduction of my child for publication processes, whether electronic, print, digital or electronic publishing via the internet.
2. I understand that all safety precautions will be taken at all times by Cumberland County Community Church and its agents during events and activities.

In consideration of being allowed to participate in Activities with Cumberland County Community Church for the dates of August 5th-August 8th, 2024, I, for myself and any minor children for whom I am parent, legal guardian, or otherwise responsible and for my/our heirs, personal representatives or assigns, hereby acknowledge the risks of injury or damage (to property, personal injury and/or death) involved in participating in the activities offered by Cumberland County Community Church.

I, for myself and any minor children for whom I am parent, legal guardian, or otherwise responsible, hereby release, acquit and forgive Cumberland County Community Church its principals, directors, officers, agents, employees, and volunteers ("Releases") from any and all liability of any nature for any and all injury or damage (including property damage, personal injury, illness, paralysis, and/or death) to me or said minor children as the result of my/our participation in the listed activities.

I, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible, and for my/our heirs, personal representatives or assigns, also hereby expressly waive any claim, lawsuit, complaint, charge, or cause of action against Cumberland County Community Church, its principals, directors, agents, employees and for any and all injury or damage, to me or any such minor children and other persons as a result of my/our participation in the Activities listed with Cumberland County Community Church.

I, for my/our heirs, personal representatives and assigns also hereby expressly agree to indemnify and hold harmless Cumberland County Community Church; its principals, directors, and employees, including costs, expenses and counsel fees, from and against all claims, lawsuits, complaints, charges or causes of action arising from the participation in the Activities listed with Cumberland County Community Church, and the activities for which this Release and Waiver Agreement is given.

3. I understand that in an event medical intervention is needed every attempt will be made to contact the person listed on the registration form. If that person is unable to be reached, I hereby give permission for my child to receive medical treatment by medical staff, physician or hospital.
4. If for any reason my child misbehaves I understand that I will be called and expected to pick my child up.

I agree to all of the above:

Child's Name (first & Last) _____

Child's Name (first & Last) _____

Child's Name (first & Last) _____

Signed: _____ Date: _____

(please physically sign & return to CCCC offices asap)