

RELEASE/PICKUP AUTHORIZATION

I understand that participants of VBS will not be permitted to leave with anyone other than the person(s) I have listed below.

Name(s): _____

Relationship to Child: _____

Name(s): _____

Relationship to Child: _____

Signature of Person Picking up Child _____

LIABILITY RELEASE

In consideration of Islands Assembly of God allowing the above child(ren) to participate in Vacation Bible School activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Islands Assembly of God, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above child(ren) while involved in Vacation Bible School.

Furthermore, we (I) [and on behalf of our (my) minor child(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in activities involved therein.

Parent/Guardian Signature _____ **Date** _____

4609 US Highway 80 Savannah, GA 31402-897-3351 islandsassembly@gmail.com

Photo/Video/Social Media Release

I hereby grant permission for my child(ren) to appear in photographs or videos taken or recorded during Vacation Bible School at Islands Assembly. I furthermore understand that the photos and videos may be posted to social media for Islands Assembly public and internal applications.

Parent/Guardian Signature _____ **Date** _____