



**West Los Angeles United Methodist Church
Vacation Bible School- "SCUBA!"**

REGISTRATION FORM

Please complete information for each child in Sunday School (please print)

First/Last Name	Gender	Birthdate	Grade	Allergies/Special Needs
Name	Gender	Birthdate	Grade	Allergies/Special Needs
Name	Gender	Birthdate	Grade	Allergies/Special Needs
Name	Gender	Birthdate	Grade	Allergies/Special Needs

Address	City	Zip	Home Phone (area code)
Address	City	Zip	Home Phone

Parent's Name	Parent's Cell Phone	Parent's Email
Name	Cell	Email
Parent's Name	Parent's Cell Phone	Parent's Email
Name	Cell	Email
Guardian's Name	Guardian's Cell Phone	Guardian's Email
Name	Cell	Email

Physician's Name	Phone	MD Address
Insurance Provider	Policy Number	Group Number
Name	Cell	Email
Insured's Name	Insured's Cell Phone	Insured's Email
Name	Cell	Email

Attendance

We hope that your child(ren) will be present for each Sunday so they can receive and experience the complete VBS program and lessons. With that said, we understand that summer schedules may find date conflicts with this year's July schedule format. Please confirm the Sundays your child will be present so we can plan accordingly.

- June 30
 July 7
 July 14
 July 21
 July 28



**WEST LOS ANGELES UNITED METHODIST CHURCH
AUTHORIZATION FOR MEDICAL TREATMENT AND WAIVER AND RELEASE**

I, the undersigned, acting for myself and the minor child named below, voluntarily agree to participate in the West LA UMC 2023-2024 Sunday-School, VBS, and/or other child and youth events (“Event”), and I authorize the West Los Angeles United Methodist Church (“Group”) and its designated employees, contractors, volunteers, and/or representatives (“Group Personnel”) to exercise joint or individual discretion and judgment to supervise myself and my child while participating in the official and sanctioned activities of the Group during the Event and to make such decisions as are necessary or appropriate to conduct the Event for the benefit and enjoyment of all Group participants, including myself and my child.

MEDICAL/LIABILITY RELEASE

I certify that there are no health-related reasons or problems that could preclude participation by myself or my child in the Event. In the event of an emergency, if the Group Personnel are unable to reach the contact person/s identified above at the number/s provided, I authorize the Group Personnel to make decisions to render immediate aid to myself and my child and I consent to receive emergency medical care which may be deemed advisable in the event of injury, accident, and/or illness during such Event or while in or about the facilities or areas controlled or being used by the Group.

In consideration of permitting me to participate in the Event, I assume all the risks of participating in the Event and I hereby take action for myself, my child, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (1) I waive, release, and discharge from any and all liability, including but not limited to, liability arising from negligence or fault, the Group, Group Personnel, and its/their respective directors, officers, employees, personal representative, heirs, successors, and assignees (together, the “Releasees”), for personal injury, disability, death, property damage, property theft, or actions of any kind that may hereafter occur to me and/or my child related to the Event, including during travel to and from the Event; (2) I indemnify, hold harmless, and promise not to sue the Releasees from any and all liabilities, claims, damages, fees, and expenses resulting from participation by myself and/or my child in the Event, whether caused by negligence or otherwise; and

COVID LIABILITY WAIVER

(3) I acknowledge that by participating in the Event, my child and/or I may be exposed to COVID-19 and other communicable diseases. COVID-19 is an extremely contagious, communicable disease that can lead to severe illness and death. The Group has taken preventive measures to reduce the spread of COVID-19 but cannot guarantee that my child or I will not become infected with COVID-19 while participating in the Event. I acknowledge and agree voluntarily to assume the risk that my child and/or I may be exposed to or infected by COVID-19 by participating in the Event and that such exposure or infection may result in illness, injury, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 during the Event may result from the actions, omissions, or negligence of myself, my child, and others, including but not limited to, the Group, Group Personnel, and other participants and their families. By participating in the Event, I have made an informed decision about participating based on the individual risk of myself and my child and I have decided whether to consult with a health care provider based on such individual risk. I agree that my child and I will follow all COVID-19 related rules and protocols of the Group as well as the COVID-19 rules, regulations, mandates, and safety protocols issued by the city, the County of Los Angeles, State of California and/or the CDC.

WEST LOS ANGELES UNITED METHODIST CHURCH
AUTHORIZATION FOR MEDICAL TREATMENT AND WAIVER AND RELEASE (continued)

PHOTO RELEASE AND CONSENT FORM

I understand that my child and/or I may be photographed, filmed, and/or recorded during the Event. I agree the Releasees may use my image, likeness, voice, photographs, and live and recorded performances, without identifying me or my child by name, for any legitimate purpose and in any format or media now known or later devised, including in online media.

- NO- I DO NOT give my permission for photos/video to be used
- YES- I DO give my permission for photos/video to be used.

This Authorization and Waiver and Release (“Release”) shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. It is my expressed intent that this Release shall bind the members of my family, heirs, assigns, and personal representatives. I am the parent or legal guardian of the minor child listed below, I hereby consent to the foregoing Release on behalf of such minor child, and I personally join in the representations set forth above.

Acknowledged and agreed to all above: medical/treatment waiver release, COVID liability waiver and photo release and consent form.

Child/Youth Name(s) _____

Parent Printed Name _____

Parents Signature _____ Date _____