

VAC Student Ministries Event Waiver Form:
YEAR LONG EVENT AUTHORIZATION & MEDICAL CONSENT FORM
For September 11th 2024 to September 9th 2025

Student Name _____

Address _____

Date of Birth ____ / ____ / ____ Grade _____ Male / Female
M D Y

Care Card # _____

Home Phone # _____ Parent's Work or Cell # _____

Parent / Guardian Name _____

Emergency Name & Contact Phone # 1) _____

2) _____

The safety of your child is our primary concern.
Precautions will be taken for their well-being and protection.

I/we, the parents or guardians named below, authorize STUDENT MINISTRIES LEAD TEAM or one of the Vernon Alliance Church (VAC) Ministry Staff to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the applicant named below.

I/we named below, undertake and agree to indemnify and hold REIGN STUDENT MINISTRIES LEAD TEAM, the Ministry Staff, Vernon Alliance Church (VAC), it's Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Vernon Alliance Church (VAC) REIGN STUDENT MINISTRIES, as well as of any medical treatment authorized by the supervising individuals representing the church. I/we authorize the usage of photos and or videos of our student for promotional material.

This consent and authorization is effective only when participating in or traveling to events of the Vernon Alliance Church (VAC) REIGN STUDENT MINISTRIES.

I have read, understood and agree with the above and sign it to cover all Student Ministry activities for the program year effected as stated below.

Parent / Guardian

Signature _____ Date _____