

Sign in/out Form



Child's Name:

The following people or I may pick up my child:

Parent _____

Phone: _____

*Please fill in highlighted sections.

HOLD HARMLESS AGREEMENT

WAIVER: As a participant, or parent or guardian of a participant, permission is granted to participate in the Chandler United Methodist Church Vacation Bible School Program. Program participants understand and agree that they may be photographed and/or videotaped for the promotion of Chandler United Methodist Church programs. I understand that there are risks of physical injury to the participant(s). Considering all possible risks, on behalf of the participant(s), and myself, I voluntarily waive, release, discharge and hold harmless Chandler United Methodist Church, its employees, supervisors, appointed officials, agents, representatives and volunteers from all claims for all injuries to participant(s), no matter how severe. Furthermore, I give consent for emergency medical treatment to the participant(s). This waiver does not extend to any such claim or liability that is caused solely and exclusively by the gross negligence of Chandler United Methodist Church or its employees, supervisors, appointed officials, agents, representatives and volunteers.

Parent/guardian signature: _____ Date: _____

Daily sign in/out:

Date	Time in	Signature	Time Out	Signature