



SONRISE VBC

SIGN-UP BY:
JUNE 14TH



WILDERNESS ESCAPE

WHERE GOD GUIDES & PROVIDES

14TH - 17TH JUNE, 2021

9:00 AM - 2:00 PM

\$55.00 PER STUDENT

SNACKS & LUNCH PROVIDED

SIGN UP PACKETS AVAILABLE AT:
KIDS TOWN & CHURCH OFFICE
OR CALL (707) 290-0233



Participant Information Form

To be completed & signed by parents of all students under age 18
Valid June 14 - 17, 2021

Child's Name _____

Date of birth _____ Height _____ Weight _____

Insurance Provider _____ Policy # _____

Doctor's Name _____ Phone # _____

Medicines taking and dosages _____

Allergies to food or drugs _____

Chronic or recurring illnesses _____

Handicaps or other limitations _____

Any other medical concerns SonRise should be aware of _____

Parent/Guardian's Name _____ Phone # _____

Cell Phone # _____ Work # _____

Address _____

Emergency contact if parent can't be reached: _____

Phone # _____ Relationship: _____

Address _____

Parent/Guardian Permission for Care & Treatment of Minor or Dependent Adult

As parent(s)/guardian(s) of _____, I/we hereby grant permission and empower the staff of SonRise Community Fellowship, its pastors, staff, counselors, volunteers, and/or agents, to make any necessary decisions involving the above said child, youth or dependent in case of emergency. In no event will the congregation, the Sacramento District or the Church of the Nazarene, its pastors, staff, counselors, advisors, and/or agents be held liable for any first-aid rendered, treatment, drugs, medicine, or surgical procedures performed pursuant to this consent. I agree to pay for any expenses incurred for any action to obtain medical treatment. In the event of emergency, every effort will be made to contact the parent(s)/guardian(s) before any medical services may be rendered, aside from the administration of general first-aid. Copies of this form made by the staff of SonRise Community Fellowship will be considered as an original giving my permission for attending physician(s) and other medical personnel to administer any needed medical treatment.

Publicity Release and Consent

Staff and adult volunteers at SonRise Community Fellowship often take photographs or make video or sound recordings of children and adults involved in church activities. It is our practice never to publish names with images of minors.

I *consent* to the use of any such audio or visual record of the child named above or me, if I am participating, to be used by agents of the church for church publications or on the church website or social networking sites. _____ Initial.

Release of Liability

By signing this Participant and Medical Information and Consent Form, I expressly warrant that I am (if I am a participant) or the minor named above is capable of withstanding both the physical and mental demands of routine church activities and those for which I give special permission (off-site or overnights).

I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release SonRise Community Fellowship and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the church activities and programs. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child’s or my family or estate, heirs, representatives, or assigns may have against SonRise Community Fellowship or its ministers, leaders, employees, volunteers, or agents.

Furthermore, I understand that if my child violates the rules that he or she will be **SENT HOME AT THE EXPENSE of PARENT (S) OR GUARDIAN (S)**. All money invested in the activity will be forfeited. _____ Initial.

This Medical and Emergency Contact Information and Publicity Authorization will be in effect June 14-17, 2021. It is my responsibility to update this form if my child’s health history changes.

Signature: _____ **Date:** _____

Name Printed: _____



Activity Permission & Liability Waiver Form

I consent to the participation of my child _____ for
Vacation Bible Camp on June 14 – June 17, 2021 at 9 am - 2 pm as arranged by
SonRise Community Fellowship's Youth and Children ministry program.

I/we hereby release SonRise Community Fellowship located at 310 Parker Street,
Vacaville, Calif., its employees and all official representatives of the church and the
Church of the Nazarene from any liability to the extent permitted by law.

Parent or Guardian Signature

Date

Printed Name

Phone Number

Address

Parent or Guardian Email

Child's grade in fall 2021 _____