## Vacation Bible School Waiver Release Form- June 8-12, 2025

## Effective for all Vacation Bible School activities with FIRST BAPTIST CHURCH, OZONA, TEXAS.

Child's Name	Grade just finished	Food/Drug Allergies	List other pertinent medical p	roblems
		7		
Phone #·		Cell #·		
Parent or Guardian's Nam	e:			
Medical Information Physi	ician's Name and Phone # :			
n Case of Emergency, Cor	ntact:			-
Home Phone:	Business Phone:		Cell #:	-
drivers, sponsors, volunte obtain emergency medica	ers and helpers (collectively I care, including without limi	"Representativitation, anesth	st Baptist Church, Ozona, and its sees") to take any steps they deem esia, for my child(ren) and I hereburred during such emergency trea	necessary to y release First
above child(ren) and agree Ozona and its Represental a contract. No oral represe made. I expressly state that free will. I further express and inclusive as is permiss	e to release indemnify and watives for claimed or asserted entation, statements or indurat I have read, understand arely agree that this release, watible by the laws of the State	vaive any rights injury or dama cements apart and am familiar iver and inden of Texas at the	rom any liability for injury or dama by subrogation I may have, and hage to my child(ren). I understand from the above written agreement with all its observations and that I unification agreement is intended at if any portion of this agreement	nold harmless FB0 that this release nt have been I sign it of my own to be as broad is held to be
_	minor(s) whose name(s) app	_	n full force and effect. I hereby stame familiar with and consent to the	
Parent/Guardian Signatur	Darent/Guardi	an Printed Nar		_