



## VACATION BIBLE SCHOOL REGISTRATION FORM

Fill out, save PDF and email form to: [marlene@centerpointpagosa.com](mailto:marlene@centerpointpagosa.com)  
or print, fill out and bring to VBS at 8:45AM June 6<sup>th</sup>.

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Last School Grade Completed: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Last School Grade Completed: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Last School Grade Completed: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Last School Grade Completed: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Last School Grade Completed: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell/Mobile phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Church: \_\_\_\_\_

Allergies, medical conditions or special needs for each child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In Case of Emergency, Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_



## ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Name of the Activity or Event: Any and all Centerpoint Church of Pagosa Springs (the "Church") Events during 2023-2024

Child's or Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Child's or Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Child's or Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Child's or Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Child's or Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address (physical): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent(s)/Custodial Adult(s)' Name(s) & Phone Numbers: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell/Mobile phone: \_\_\_\_\_

### *In Case of Emergency Contact:*

Name: \_\_\_\_\_ Daytime/Cell/Mobile phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime/Cell/Mobile phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT**, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, leased or controlled by them, or because of their possible liability without fault. I understand and certify that my participation in this activity or event is completely voluntary. I have familiarized myself with this activity or event in which I will be participating. I acknowledge that although the church has taken safety measures to minimize the risk of injury to event participants, the Church cannot insure or guarantee that the participants, transportation, equipment, premises or activities will be free of hazards, accidents or, injuries. I recognize the importance of knowing and abiding by the rules, regulations, and procedures for this event and these activities. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the Church, the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

IN CONSIDERATION OF MY APPLICATION AND PERMITTING ME TO PARTICIPATE IN THIS EVENT, I HEREBY TAKE ACTION FOR MYSELF MY HEIRS SPOUSES, EXECUTORS, ADMINISTRATORS, TRUSTORS, TRUSTEES, BENEFICIARIES, INCLUDING WITHOUT LIMITATION THEIR THIRD-PARTY ADMINISTRATORS, TRUSTEES, INSURANCE CARRIERS, ATTORNEYS, AGENTS, CONSULTANTS, REPRESENTATIVES, EXPERTS AND RELATED ENTITIES.

**I WAIVE RELEASE AND DISCHARGE** THE CHURCH, INCLUDING ITS FORMER AND PRESENT AFFILIATED ENTITIES, JOINT VENTURERS, PARTNERSHIPS, PARTNERS, TRUSTEES, BENEFICIARIES, PREDECESSORS, SUCCESSORS, DEACONS, MANAGERS, MANAGING AGENTS, OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS, REPRESENTATIVES, ASSIGNS, REPRESENTATIVES, VOLUNTEERS, THE ACTIVITY OR EVENT HOLDERS, ACTIVITY OR EVENT SPONSORS, ACTIVITY OR EVENT VOLUNTEERS AND RELATED ENTITIES FROM ANY AND ALL LIABILITY, INCLUDING BUT NOT LIMITED TO, LIABILITY ARISING FROM

THE WILLFUL MISCONDUCT, GROSS NEGLIGENCE, NEGLIGENCE, RECKLESSNESS OR FAULT OF THE ENTITIES OR PERSONS RELEASED, FOR MY OR MY CHILD'S DEATH, DISABILITY, PERSONAL INJURY, PROPERTY DAMAGE, PROPERTY THEFT, OR ACTIONS OF ANY KIND WHICH MAY HEREAFTER OCCUR TO ME INCLUDING MY TRAVELING TO AND FROM THIS ACTIVITY OR EVENT AND THE TRAININGS THERETO.

**I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE** THE ENTITIES OR PERSONS MENTIONED ABOVE IN THIS RELEASE FROM ANY AND ALL LIABILITIES OR CLAIMS MADE AS A RESULT OF PARTICIPATION IN THIS ACTIVITY OR EVENT, WHETHER CAUSED BY THE WILLFUL MISCONDUCT, GROSS NEGLIGENCE, NEGLIGENCE, RECKLESSNESS OR FAULT OF THE ENTITIES OR PERSONS RELEASED OR OTHERWISE.

I ACKNOWLEDGE THAT THE CHURCH AND ITS FORMER AND PRESENT AFFILIATED ENTITIES, JOINT VENTURERS, PARTNERSHIPS, PARTNERS, TRUSTEES, BENEFICIARIES, PREDECESSORS, SUCCESSORS, DEACONS, MANAGERS, MANAGING AGENTS, OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS, REPRESENTATIVES, ARE NOT RESPONSIBLE FOR THE ERRORS, OMISSIONS, ACTS, OR FAILURES TO ACT OF ANY PARTY OR ENTITY CONDUCTING A SPECIFIC EVENT OR ACTIVITY ON BEHALF OF THE CHURCH.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

Print Participant's Name	Age	Print Participant's Name	Date
Print Participant's Name	Age	Print Participant's Name	Date
Print Participant's Name	Age	<u>PARENT OR GUARDIAN SIGNATURE</u>	Date

**FOR MINORS ONLY IF PARENTS NOT PRESENT AT EVENT**

**AUTHORIZATION TO OBTAIN URGENT OR EMERGENCY MEDICAL CARE (IF APPLICABLE)**

As the parent(s) or custodial adult(s) of \_\_\_\_\_

[Minor's Name(s)], I/we give permission for the Church, its agents, staff, employees, volunteers, deacons and/or representatives to obtain urgent or emergency medical care for my/our minor child, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

Print Participant's Name	Age	Print Participant's Name	Date
Print Participant's Name	Age	Print Participant's Name	Date
Print Participant's Name	Age	<u>PARENT OR GUARDIAN SIGNATURE</u>	Date



## MEDIA RELEASE

I hereby give Centerpoint Church (the "Church" ) the right to interview and/or to take photographs, audio or audio-visual recordings of my child to be used in promotional or educational materials including, but not limited to, PowerPoint, videotapes, pamphlets and brochures, or website for the purpose of retaining volunteers for the Children's Ministry. By signing this media release, I intend to legally bind myself, my heirs, executors and administrators. I acknowledge that the Church shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release the Church and its officers, agents and employees from all liability connected with the taking and use of these materials as is authorized by the Church. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the child whose name is mentioned below.

Child or Children's Name(s):

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Parent's Printed name:

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Parent's Signature:

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Date:

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