

**Lutheran Church of the Resurrection (“LCR”)**  
**2009 Vacation Bible School (“VBS”)**  
**July 20-24, 2009**

**PHOTO PERMISSION FORM**

I give permission for \_\_\_\_\_ to be photographed and/or videotaped during LCR’s **July 2009** VBS activities. I understand that these photographs/videotapes may be released to other participants in VBS, as well as be displayed at LCR, in LCR promotional materials, scrapbooks, and other documents, and on the LCR website.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

**MEDICAL RELEASE FORM**

I give permission for \_\_\_\_\_ to be involved in LCR’s VBS activities **July 2009**, and release LCR, its employees, its appointed leaders, and chaperones of any and all liability in the event of an accident or injury to my child during VBS. In the event of a medical emergency, I hereby authorize any adult chaperone(s) to seek medical attention for my child. In the event that I cannot be reached by phone in such an emergency situation, I give permission to the attending physician/EMT to treat and/or hospitalize my child, and I authorize the LCR chaperones to make decisions in my stead regarding any medical treatment. In giving such permission, I understand that I am responsible for all costs incurred for such medical treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Name) (Phone number)

Family Physician \_\_\_\_\_

Insurance Company and No. \_\_\_\_\_