



# VBS

# VOLUNTEER REGISTRATION FORM

## Grace Lutheran Church

5N600 Hanson Rd., St. Charles 630-365-6751

### JULY 27-31, 2009 (9:00-12:00)

VBS Co-Chairs: Renee Gust & Dorene Stanley

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_



In case of emergency contact and/or alternate pick-up:

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

Allergies or other medical conditions: *(Snacks provided-PLEASE check contents)*

Special medications: \_\_\_\_\_

Will you have an Epi Pen for an allergy? \_\_\_\_\_

We assume an adult or student volunteer can administer their own Epi Pen, while staff contacts 911/EMS and then your emergency contact.

Free t-shirt if you volunteer a minimum of *two days*. **SIZE:** Adult S – M – L –XL

*\*\*NO t-shirt if volunteer sign-up is after 7/12\*\**

-YES -NO **I will/will not attend the VBS Finale July 31<sup>st</sup> 6:00-6:40 pm followed by dinner. Volunteers are encouraged to attend.**

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AGREEMENT/WAIVER AND RELEASE (must be signed in order to participate in VBS programs): In consideration for being permitted by Grace Lutheran Church and its representatives to participate in the Vacation Bible School (VBS) program, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may hereafter accrue to my child or self (if over 18) while volunteering as a result of participation in said activities. It is understood that these activities involve an element of risk of accidents, and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Parental/Guardian Consent: (To be completed and signed by parent/guardian)

I hereby consent that my child (if under the age of 18 to be signed by parent) volunteer at Grace Lutheran Church for VBS hereby execute the above AGREEMENT/WAIVER AND RELEASE on their behalf. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense which may incur as a result of the death or any injury or property damage that said volunteer may sustain while participating in VBS activities.

Signature Parent/Guardian OR Volunteer: \_\_\_\_\_

Printed: \_\_\_\_\_ Date: \_\_\_\_\_

This waiver is to be signed by all participating adults 18 years old and over, and by a parent/guardian for participants under age 18.