## Waiver Form

I give my permission for my child(ren) to participate in activities associated with Seymour VBS and its ministries. I waive the affiliated churches and all staff and volunteers of all liability in case of an accident or injury to my child(ren) occurring during VBS.	
Parent Signature	Date
Photo and Video Release	
At different occasions during VBS the children are sometime worship services or other special occasions. These photos o every effort to keep parents informed, we have below a release and indicate your willingness or objection for your child(ren's SEymour VBS team. If you have any questions please contains	r videos are used for publicity for VBS. To make use for the use of your child(ren's) photo. Please read ) photo to be used in appropriate ways by the
Waiver and Release of Rights	
This Waiver and Release of Rights as entered into for the benefit of Seymour VBS through Emmanuel Lutheran Church having an address at 349 N Main St. Seymour, Wisconsin, 54165, its affiliates and subsidiaries and their respective successors and assigns, NOW THEREFORE, I agree as follows:	
In return for potentially publishing my name and/or visual likeness, voice statements, quotes or testimonials and for the additional specific consideration, if any, as set forth below, and for other good and valuable consideration, the receipt of which is hereby acknowledged, I hereby grant the Companies in their discretion deem appropriate, my image and/or words for commercial, advertising, promotional, educational, or any other legitimate purpose.	
I hereby release and forever discharge Emmanuel and their respective successors and assigns from any and all claims including but not limited to any claims arising under applicable copyright and false designation laws, actions, causes of action, suits, damages or liabilities, including attorney's fees, arising out of the use by Emmanuel's image and/or words for commercial, advertising, promotion, educational and any other legitimate purpose.	
Please make an "X" next to the statement that applies to you and your child(ren): I agree that this Waiver and Release shall be construed broadly to permit a release and waiver of my words and images to the maximum extent permissible under applicable law, and that this Waiver and Release shall be construed and enforced in accord with the laws of the State of Wisconsin I do NOT agree to this Waiver and Release	
Date	
Signature of Parent	
Print Parent Name	<del></del>
Names of Minors	