

St. Paul Lutheran Church & School Easter Egg Hunt Registration Form

6094 Westside Saginaw Road

Bay City, MI 48706

First and Last Name(s) of Child(ren) _____

Age(s) _____ Street Address: _____

City: _____ Phone: _____

Email: _____

How Did You Hear About This Event? _____

Photo Release Form for Minors

I, being the parent/guardian of _____, hereby consent that the photographs or videos taken of him/her during the St. Paul's Easter Egg Hunt taking place on Saturday, April 13, 2019 may be used by St. Paul Lutheran Church & School.

These pictures may be used on school Bulletin Boards, local newspapers, in the school newsletter, school yearbook, church/school website, Facebook, Advertising, or scrapbooks made by the school. I agree to release St Paul Lutheran Church & School from any and all liabilities and waive all claims against them. I understand and agree that I will not receive any compensation or other benefit if a photographic image of me and/or my child(ren) appears in any marketing materials.

Furthermore, I consent that such photographs and or videos shall be the property of St. Paul Lutheran Church & School, which has the right to duplicate, reproduce and make other uses as St. Paul Lutheran Church & School deems necessary.

- It is okay to use my child's photograph, etc. as described above.
- I **DO NOT** give my consent to have photographs of my son/daughter used by St. Paul Lutheran School in any way, as specified above.

Medical Consent and Waiver (Please Read Carefully)

I understand that, while the staff, helpers and leaders of St. Paul Lutheran Church & School will take precautions to ensure the safety of all children while they are at the Easter Egg Hunt event, I will not hold them liable for any injury or cost incurred by injury during the activities of Easter Egg Hunt event;

I acknowledge that it is my responsibility to monitor and watch my children and I, therefore, freely and voluntarily agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. I know that if I/my child/children become ill or injured while participating in this event, I am responsible for all health care expenses;

I release St. Paul Lutheran Church & School, its Council, employees, volunteers, and agents from all liability, claims and actions that may arise from injury or harm to me and my child/children, and from damage to my property in connection with this event;

I consent that St. Paul Lutheran Church & School and Council, through its employees, agents and volunteers may secure such medical advice and services as those individuals, in their sole discretion, may deem necessary for my child's health and safety, and that I shall be financially responsible for such advice and services;

I understand that the contact information collected on this form may be used by St. Paul Lutheran Church & School to invite me/us to future events and activities of the congregation;

****I Have Read The Above And Agree To The Terms And Conditions****

Signature of Parent/Guardian: _____ Date: _____

Please Print Name: _____