



Hampton Roads SDA Church
3400 Kecoughtan Road
Hampton, VA 23661

Medical Release Form

Name of Child/Children _____

Name of Parent _____

I/We, the undersigned, are the parent(s)/guardian(s) of the above named child/children and I/we agree, in taking advantage of the child care services provided by Hampton Roads SDA Vacation Bible School (HRSDA) to release and hold harmless HRSDA, its directors, offices, employees and consultants from any and all claims, demands, suits, cost, and charges in connection with or arising out of provision of the child care services, including, but not limited to, bodily harm or injury to my/our children, except only for loss, harm or injury occasioned by gross negligence or intentional misconduct by HRSDA.

We/I hereby grant permission for HRSDA and its personnel full authority to take whatever actions they deem necessary regarding my/our child's health and safety in the event I/we cannot be reached or in the situation where time is of the essence; and fully release HRSDA and its personnel from any liability in connection with those decisions.

I/we grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff, if needed. I/we acknowledge that HRSDA will take any such action in the best interest of my/our child and HRSDA will report such action to me/us as soon as possible.

Signature of Parent

Printed name of parent

Date



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Media Release Form

Name(s) of Child(ren) _____

Name of Parent _____

MEDIA RELEASE FORM

Consent and Release: I hereby grant Hampton Roads SDA Vacation Bible School (HRSDA) the right and permission to use photographs and/or video recordings of me or my child(ren) on July 27-31, 2026 at Hampton Roads SDA Church.

These materials may be used in various publications, public affairs releases, recruitment materials, broadcast public service announcements, or for other similar purposes.

I understand and agree that these materials will become the property of HRSDA and will not be returned.

I hereby authorize HRSDA to edit, alter, copy, exhibit, publish, or distribute these materials for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein me or my child(ren)'s likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or recording.

Release of Claims: I hereby hold harmless and release and forever discharge HRSDA from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Signature of Parent _____

Printed name of Parent _____

Date _____