

Vacation Bible School 2016



Registration Form

Students Grades Pre-K through 6th

- Please complete one form for all the children in your family.
- If you have children with different last names, please complete a separate form.
- Please complete and sign the **Release of Liability Form** on the back of this page.
- Submit this registration form to Comanche Chapel or The Spirit of Fort Hood Chapel.

Student Information				
	Last Name	First Name	Last Grade completed	Allergies and special needs
1				
2				
3				
4				
5				
6				

Parent/Guardian Information			
Last Name:		First Name:	
Home Phone:	Work Phone:	Cell Phone:	
Street Address:		City:	Zip:

Emergency Contact			
Last Name:		First Name:	
Home Phone:	Work Phone:	Cell Phone:	

<u>FOR OFFICE USE ONLY</u>

RELEASE OF LIABILITY

For and in consideration of the undersigned's participation in Vacation Bible School (VBS) at Comanche Chapel, Fort Hood, TX, June 6th - 10th, 2016, the undersigned does hereby release and discharge the Department of the Army, its agents, servants, and employees, of and from any and all liability, actions, claims, demands, or suits whatsoever, that the undersigned may have on account of or arising out of the undersigned's participation in the aforementioned activity.

For said consideration, the undersigned further warrants that no promise or agreement not herein expressed has been made. That this release is not executed in reliance on any statement or representation made by the party, or parties, hereby released, or said party's (parties') representatives or consideration is accepted in full compromise, settlement, accord, and satisfaction of aforesaid claims and demands, including all consequences thereof, which may hereafter develop, as well as those already developed, or now apparent; that this agreement is contractual and not merely recital, and all claims are included herein.

Further for said consideration, the undersigned does agree and warrant to indemnify and hold harmless the Department of the Army, its agents, servants, and employees, of and from any and all claims, demands, suits, and causes of action asserted by, or which may be asserted by, any person, firm, corporation, or entity, owning or holding, or claiming to own or hold, any claim or lien or subrogation right for any bills, costs, expenses, or services for both personal injury and property damage incurred as a result of any injuries or damages sustained during the undersigned's participation in the aforementioned activity at Fort Hood, Texas. Claimants do hereby assume responsibility liability for the payment of any such claims, suits, and causes of action, whether based on lien or subrogation rights or otherwise.

It is further understood and agreed that this agreement shall not be construed or used as an admission of liability on the part of the Department of the Army, by whom liability is expressly denied.

Participant's Name

Participant's Name

Participant's Name

Participant's Name

Participant's Name

Participant's Name

(If participant is under 18 years of age, this form must be signed by one of the parents or legal guardians before participation will be allowed.) I hereby give, as a parent or legal guardian of the above participant(s), my permission for him or her to participate in this event by affixing my signature on the appropriate space indicated below.

Parent's Name (Printed)

Witness Name (Printed)

Parental Release Signature

Witness Signature

Date Signed

Date Signed