



Chambers Memorial Presbyterian Church VBS
in Partnership with *Child Evangelism*
***Fellowship*[®]**
July 18 – 22, 2022

Name: _____

Age: _____ Grade: _____

Street Address: _____

City: _____ State: _____ Zipcode: _____

Email _____

Parent Name: _____ Emergency Phone: _____

Medical Needs/Allergies/Special Needs: _____

Church Affiliation (if any): _____

OPTIONAL Photography and Video Release

Child Evangelism Fellowship[®] may, from time to time, document the activities of the ministry with photos or videos.

I hereby assign and grant to Child Evangelism Fellowship Inc., its subsidiaries and successors, and assign the unqualified right to the ownership, use and proceeds of all photographs or video of me or my minor child, without reservation or limitation, including use of photographs or video of me or my minor child for, but not limited to, advertising, educational and promotional purposes.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Child's Name: _____