

Release Form for Media Recording & Photos

I, the undersigned, do hereby consent and agree that **Oasis Community Church**, its members, or agents have the right to take photographs, videotape, or digital recordings of my minor child, _____ beginning on **June 24, 2024** and ending on **June 24, 2025** and to use these in any and all media, now or hereafter known, and exclusively for the purpose of posting them to the church website/Face book account and/or other computer media sources. I further consent that my minor child's name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to **Oasis Community Church**, its members and agents all rights to exhibit this work in print and electronic form publicly, to market and post on the internet. I waive any rights, claims, or interest I may have to control the use of my minor child's identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording of my minor child, either for initial or subsequent transmission or playback.

I also understand that **Oasis Community Church** is not responsible for any expense or liability incurred as a result of my child's participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement on behalf on my minor child.

Name: _____ Date: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Witness for the undersigned: _____

Signature: _____

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VBS REGISTRATION FORM

(PLEASE COMPLETE ONE PER CHILD)
3yrs old & potty trained to children going into the 6th grade

Child's name: _____ Gender: Male _____ Female _____

Child's age: _____ Date of Birth : _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____ Home Phone: _____

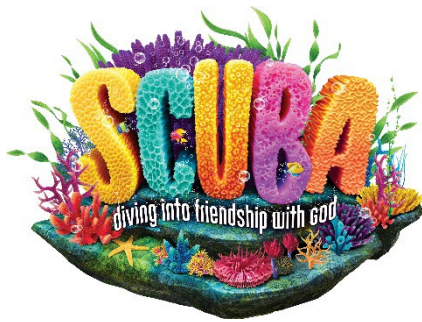
Parent/caregiver's cell phone: _____ Home e-mail address: _____

In case of emergency, contact: _____ Cell Phone: _____

Allergies or other medical conditions: _____

Home church: _____

(Please complete the other side and Sign the Form)



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