

BMA of Oklahoma Outbreak

Activity Permission & Medical Release Form

In consideration for being accepted for participation in BMA of Oklahoma Outbreak 2018, I, being 21 years of age or older, do for myself, or on behalf of my child-participant, do hereby release, forever discharge and agree to hold harmless name of church, the BMA of Oklahoma, and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in activities.

Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to furnish any necessary transportation, food and lodging for this participant.

Further, as the guardian of this participant, I hereby grant my permission to take said participant to a doctor or hospital and hereby authorize medical treatment, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I assume all transportation costs.

Name of participant

Parent telephone number

Hospital Insurance: Yes No

Insurance company

Policy number

Name of physician

Physician's telephone number

Allergies and/or current medications taken

Emergency telephone numbers

Only participant need sign if 21 years of age or older. If under 21, signature of one or both parents, or legal guardian, is required.

Father Date

Mother Date

Legal Guardian Date

Participant, if age 21 Date

Participant only: I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the direction of the leadership of the trip.

Participant Date