## BMA of Oklahoma State Youth Camp Activity Permission & Medical Release Form

In consideration for being accepted for participation in BMA of Oklahoma State Youth
Camp 2019, 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 <u>name of church</u> ,
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			
	Emergency telephone numbers		
Parent telephone number			
	Only participant need sign if 21 years of age or older. It		
Hospital Insurance: Yes No	under 21, signature of one or both parents, or lega guardian, is required.		
Insurance company	Father	Date	
Policy number	Mother	Date	
Name of physician	 Legal Guardian	 Date	
Physician's telephone number	Participant, if age 21	Date	
	Participant only: I have read the foregoing and understand the rules of conduct for participants and will abide by then as well as the direction of the leadership of the trip.		
Allergies and/or current medications taken	Participant	 Date	