

Family of God at Quail Springs Church of Christ
14401 N. May Avenue
Oklahoma City, OK 73134
(405) 755-4790

RELEASE, INDEMNITY AND CONSENT TO MEDICAL TREATMENT

I, _____, AM THE PARENT OF _____,
(Print Parent's Name) (Print Child's Name)

AND GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN THE QUAIL SPRINGS CHURCH OF CHRIST YOUTH GROUP TRIP.

To the best of my knowledge my child is physically fit to engage in such activity and is not suffering from any disease or injury which needs to be disclosed for purposes of this release.

I agree and do hereby waive and release all claims against Quail Springs Church of Christ and it's representatives, or any other person engaged in the activity in question and agree to hold them harmless from any and all liability relating to my child for any personal injury or illness that may be suffered or any loss of property that may occur to my child arising out of the care and custody of my child during participation in trip.

In the event my child should become ill or injured during the course of this trip, I direct any adult who shall have care and custody over my child to contact me if at all possible before authorizing major medical treatment. HOWEVER, IF ANY ADULT HAVING CARE AND CUSTODY OVER MY CHILD ON SAID TRIP SHOULD BE UNABLE TO CONTACT EITHER PARENT OF SAID CHILD, THEN I SPECIFICALLY AUTHORIZE ANY MEDICAL ATTENTION WHICH MAY BE DEEMED NECESSARY FOR THE BENEFIT OF MY CHILD AND I SPECIFICALLY AUTHORIZE THE PERFORMING OF ANY PROCEDURE WHICH THE ADULT IN CHARGE DEEMS ADVISABLE IN ATTEMPTING TO RELIEVE SAID CONDITION.

Adult members having custody over children are Jake Jarrell, Charles Northcraft and other adult chaperones.

Signed this _____ day of _____, 20__.

FOR YOUR CONVENIENCE, MEDICAL RELEASES WILL BE EFFECTIVE FOR THE DURATION OF THE STUDENT'S YEARS SPENT IN THE QUAIL SPRINGS YOUTH PROGRAM (PARENTS, IF YOUR INSURANCE POLICY CHANGES, IT IS YOUR RESPONSIBILITY TO FILL OUT A NEW FORM AND RETURN IT TO THE YOUTH SECRETARIES.)

Insurance Carrier _____ Policy# _____

(Signature of Parent)

(Signature of Parent)

(Home Phone)

(Cell Phone)

(Business Phone)

I understand and agree that if my child does not abide by the rules or conducts him/herself improperly he/she will be sent home immediately, at parents' expense, thereby forfeiting the remainder of his/her trip and expenses.

(Signature of Parent)