

# Consent/ Release /Indemnification Agreement

The undersigned parent/Legal guardian of

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(Child's Name)

hereby states that my above named child / ward has my permission to participate in the following described program, tour, event, or trip sponsored by the Memorial Drive church of Christ, Tulsa, Oklahoma:

Memorial Drive Youth Ministry

All local and out of town trips, activities, and events wherein the parents are not present  
6th - 12th Grades

The undersigned does hereby release, indemnify and save harmless Memorial Drive church of Christ, Tulsa, Oklahoma, its agents, employees, elders, ministers, staff, and members, of and from any and all liability or responsibility in connection with any loss or damage sustained by the herein named Participant, including, but not limited to accident, bodily injury, death, or property damage, as a consequence of, or arising from, or in any manner growing out of any act, omission, or negligence of Memorial Drive church of Christ, Tulsa, Oklahoma, its agents, employees, elders, ministers, staff and member's in connection with the herein designated program, tour, event or trip.

The undersigned does further authorize Memorial Drive church of Christ, Tulsa, Oklahoma, its agents, employees, elders, ministers, staff and members, to provide or cause to be provided any and all medical attention or treatment as may, in the discretion of Memorial Drive church of Christ, Tulsa, Oklahoma, its agents, employees, elders, ministers, staff and members, be necessary or advisable, to the child/ward herein named, while such child/ward is participating in the herein designated event and further indemnifies and holds harmless Memorial Drive church of Christ, Tulsa, Oklahoma, its agents, employees, elders, ministers, staff and members, of and from any liability resulting from any medical malpractice claim made in connection with the furnishing of such medical attention and/or treatment.

We ask that you be available by phone and agree to pay for any expenses incurred in transporting your child/ward herein named home, should the trip sponsors feel that deemed necessary.

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(Parent / Guardian)

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(Parent / Guardian)

Date \_\_\_\_\_

(This form will remain in effect 1 year from date of signature.)

## **Insurance Information**

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone # of Company: \_\_\_\_\_

## **Medical Information**

List any medical conditions chaperones should be aware of:

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Drug Allergies: \_\_\_\_\_

If your child is on medication please list them with the dosage:

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## **EMERGENCY CONTACT INFORMATION**

Home Address of Child: \_\_\_\_\_

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In case of an emergency where can we reach you?:

Home:

Work:

Cell:

Pager:

If we can't reach you who do we call?

Name:

Relation:

Home:

Work:

Cell:

Pager:

Comments: