

**RELEASE, INDEMNITY AND CONSENT TO MEDICAL TREATMENT**

**Portland Avenue Baptist Church**

1301 N Portland Ave. Oklahoma City, OK 73107 (405)-942-5539

I, \_\_\_\_\_, AM THE GUARDIAN OF \_\_\_\_\_  
(Print Gurardian's Name) (Print Participant's Name)

AND GIVE MY PERMISSION FOR MY SAID CHILD TO PARTICIPATE IN THE PORTLAND AVENUE BAPTIST CHURCH YOUTH GROUP ACTIVITIES.

To the best of my knowledge said 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 Portland Avenue Baptist Church 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 said child for any personal injury or illness that may be suffered or any loss of property that may occur to said child arising out of the care and custody of said child during participation in activity.

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

Adult member having custody over children are Tony Mullican and other adult chaperones.

**TO BE EFFECTIVE FOR THE CALENDER YEAR OF 2018**

Insurance Carrier \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Prescribed Medications: \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(Signature of Guardian) (Signature of Guardian)

In case of Emergency, please notify: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

\_\_\_\_\_  
(Signature of Guardian)

# MINOR RELEASE FORM

**Please read carefully:** Every *minor* (any persons under 18 years of age) attending an Oakridge event with activities *must* have a parent/legal guardian fill out this form. If any individual does not turn in a completed Release Form, they will not be able to register or take part in any form of Oakridge recreational activity. *Thank you!*

PLEASE PRINT CLEARLY	FULL NAME OF MINOR (FIRST, MIDDLE INITIAL, LAST)	AGE	DATE OF BIRTH (MM/DD/YYYY)	SEX	INSURANCE COMPANY	POLICY NO./INFO	PLEASE PRINT CLEARLY

Please fill out **ONE** form for each **RESIDENCE**. Each minor listed above shall henceforth be known as "Participant(s)."

 { MINOR'S  
 INFORMATION }

Group/Church: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

 { PARENTS'  
 INFORMATION }

Full name/Relationship: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

 Home/Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*if different from above*

Other Contact: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

**The Participant(s) understands the following rules/regulations concerning participation in Oakridge recreational activities:**

- {1} NO MINOR may participate in ANY Oakridge activity without a signed Release Form from a parent or legal guardian.
- {2} Any health issues, allergies, reactions, illnesses, medications, treatments, conditions, etc. relevant to the Participant(s) are to be reported in advance; any aforementioned health issues, etc. are to be reported SEPARATELY to the group leader responsible for overseeing the Participant(s) while at Oakridge. It is the responsibility of the ADULTS and GROUP LEADERS, NOT Oakridge Staff, to oversee and administer all medications, treatments, etc. to any Participant(s) from their group. Oakridge Camp and/or Staff will not be held responsible for administering or failing to administer any medication, treatments, etc.
- {3} The Participant(s) is in good physical condition and capable of participating in and completing various Oakridge activities. Oakridge offers a wide range of activities, including many high-risk and weapons-related activities such as riflery, archery, waterslide, paintball, Go-Karts, rock- and cliff-climbing, swimming, high elements ropes course (Goliath), low elements ropes course, rappelling, water skiing, knee-boarding, etc., as well as transportation in vans, buses, and other vehicles to and from activities.
- {4} The Participant(s) wishes to be accepted for participation in all Oakridge activities, and the Participant(s) acknowledges that some activities will necessarily involve participation in activities which are, by their nature, physically and mentally intense/demanding and subject to possible hazards, not all of which can be foreseen and prevented. The Participant(s) assumes all of the ordinary risks normally incidental to the nature of these types of recreation, including risks and possible injuries which are not foreseeable.
- {5} The Participant(s) hereby releases all rights and claims for damages against Oakridge Ministries, Inc., and its various corporate associations, including its Staff, Directors, Volunteers, and all individuals assisting in instructing and conducting these activities, including the owners and lessors of premises used to conduct any and all activities, from all liability of any nature for any and all injuries, losses, or damages suffered by the Participant(s) at or in any way connected with these injuries, even if arising from the negligence of those persons aforementioned, except that which is the result of gross negligence and/or wanton misconduct.
- {6} In the event of an emergency, the Participant(s) does hereby authorize any X-ray, examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any physician or dentist of any hospital service that might be rendered under the general, specific, or special consent of the Oakridge Staff (in the absence of a spouse, Group Leader, or other group representative). The Participant(s) understands that each Participant(s) must provide his/her own health and accident insurance. In the event of an injury or medical need, expenses incurred will be the responsibility of each individual (private pay), individual personal insurance, or group insurance from the sponsoring group and Oakridge only thirdly.
- {7} The Participant(s) does hereby authorize and consent to the use of his/her visual image (obtained while on the property of or engaged in authorized activity with Oakridge Ministries) by Oakridge Ministries for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications and websites. I give this consent with no claim for payment.

*I have read this release of liability, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.*

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Oakridge Ministries will accept the above typed name as a valid digital signature.

 Mailing List: \_\_\_\_\_  
 Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Support: \_\_\_\_\_