

CONSENT / RELEASE / INDEMNIFICATION AGREEMENT

Grade \_\_\_\_\_

The undersigned parent/legal guardian of \_\_\_\_\_ (participant), 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 Fort Gibson Church of Christ, Fort Gibson, Oklahoma:

Fort Gibson Youth Ministry  
Present date through December 31, 2010  
In-Town or Out-of-Town Trips

The undersigned does hereby release, indemnify, and save harmless Fort Gibson Church of Christ, Fort Gibson, 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 resulting or arising from or in any manner growing out of any act, omission, or negligence of Fort Gibson Church of Christ, Fort Gibson, Oklahoma, its agents, employees, elders, ministers, staff, and members in connection with the herein designated program, tour, event or trip. The undersigned does further authorize Fort Gibson Church of Christ, Fort Gibson, 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 Fort Gibson Church of Christ, Fort Gibson, 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 Fort Gibson Church of Christ, Fort Gibson, 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.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2009/2010

\_\_\_\_\_  
PARENT / GUARDIAN PARENT / GUARDIAN

INSURANCE INFORMATION

Name of  
Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Phone # of Company: \_\_\_\_\_

Any other information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICAL INFORMATION

List any medical conditions chaperons should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is youth on any medications (if so, what are they?): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Information for Parent / Legal Guardian:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phones: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Additional contact in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

RULES FOR TRIPS / CAMPS / RETREATS

I understand that as a participant and/or parents of a participant with the Fort Gibson Church of Christ youth group, tobacco use, alcohol, abrasive language, and disobeying chaperons will not be tolerated. Upon breaking any of these rules, I understand that I/my child will be asked to leave upon contact of parent, at parent's expense and convenience of the trip/camp/retreat.

Signature of child / participant: \_\_\_\_\_

Signature of parent / guardian: \_\_\_\_\_