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Permission Slip

ACTIVITY INFORMATION

Location: Calvary Baptist Church
Address: 417360 E. 1135 Rd., Checotah, OK 74426
Phone: (918) 689-9403
Date: Saturday, March 16th
Time: 10:30 Am- 4:00 Pm

PARTICIPANT INFORMATION

(TO BE COMPLETED BY PARTICIPANT OR AUTHORIZED GUARDIAN)

Name of participant: _____

Name of parents/guardians: _____

Address: _____

Phone: _____

Name of emergency contact: _____

Telephone: _____

List allergies or medical conditions: _____

Name of responsible counselor/sponsor: _____

Is counselor/sponsor approved to approve medical treatment? ____ Yes ____ No

Is participant covered by personal/family medical insurance? ____ Yes ____ No

If yes, name of insurer: _____

Policy or group number: _____

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the "activity"), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with the participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employee, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

Parent/Guardian Signature: _____

Date: _____