

**RELEASE OF CLAIMS, HOLD HARMLESS  
AND AUTHORIZATION FOR  
EMERGENCY MEDICAL OR DENTAL CARE TO MINOR**

This Release and Consent is entered into on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_  
by \_\_\_\_\_ (Parent), the parent or legal guardian of  
\_\_\_\_\_ (hereinafter referred to as Minor).

- 1) Parent warrants and agrees that he/she (a) has legal custody or is the legal guardian of the minor listed above; (b) understands the terms of the Release and Consent, and (c) has signed this document by his/her own free will.
- 2) Parent acknowledges that Minor will, with Parent's permission, participate in certain activities conducted by or sponsored by \_\_\_\_\_ (Ministry), its Directors, Officers, employees, and agents during the duration of this agreement.
- 3) Parent, individually and on behalf of Minor, releases and agrees to hold Ministry harmless from all liability for harm to Minor or Minor's personal property, resulting directly or indirectly from Minor's participation in Ministry activities. Parent, individually and on behalf of Minor, personally assumes all risks and liabilities in connection with Minor's participation in Ministry activities and agrees to indemnify Ministry against any liability which might be assessed against it as a direct or indirect result of Minor's participation in Ministry activities.
- 4) In the event of Minor's injury during any Ministry activity and Parent's unavailability to authorize medical treatment, parent authorizes dental, medical, or surgical treatment, including but not limited to the administration of x-rays and anesthetic by any medical professional chosen by the Ministry. Parent understands and agrees that this consent is given to encourage the Ministry and the medical professional to exercise their best judgment as to such diagnosis or medical, dental, or surgical treatment. Parent personally assumes the duty of payment of any medical professional, hospital, clinic, or ambulance service and releases Ministry from any such duty of payment. The medical authorization is provided pursuant to Title 10, section 170.1 of the Oklahoma statutes.
- 5) Parent understands and agrees that this Release and Consent shall remain in effect for a period of one (1) year or until Parent's written revocation, whichever is first, and that Parent's consent to treatment shall remain in effect until revoked orally or in writing to \_\_\_\_\_ (Ministry) or to the licensed medical professional treating Minor.

Parent or Guardian Signature

Date

Insurance Company Name

Policy Number/Group Number