MCFARLIN MEMORIAL UNITED METHODIST CHURCH
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
_____ (Here in after 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 Music Ministry, its Directors, Officers, employees, and agents during the duration of this agreement. If the event involves being out of town, the Parent agrees that if their son or daughter should decide to break the rules, laws or become disruptive and refuses to act responsibly, the parents will pay for his/her immediate transportation home.

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 that 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 or the Oklahoma statues.

5) Parent understands and agree 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 the Music Ministry or to the licensed medical professional treating Minor.

Parent's signature | family address | home phone and cell phone

Insurance Company Name | Policy Number/Group number | Family Physician & phone #

Minor's birth date | Last tetanus shot | blood type

Special meds or pertinent information | Allergies to drugs or foods