Quail Springs Church of Christ 14401 N. May Avenue Oklahoma City, OK 73134 (405) 755-4790

RELEASE, INDEMNITY AND CONSENT TO MEDICAL TREATMENT

l,	, am the paren	T/GUARDIAN OF				
(PRINT Parent's Name) (PRINT Child's Na						
ND GIVE MY PERMISSION FOR MY SAID CHILD TO PARTICIPATE IN THE QUAIL SPRINGS CHURCH OF CHRIST YOUTH GROUP TRIP.						
To the best of my knowledge said child is physical needs to be disclosed for purposes of this release		ity and is not suffering from any disease or injury which				
engaged in the activity in question and agree to h	old them harmless from any	ch of Christ and it's representatives, or any other person and all liability relating to said child for any personal said child arising out of the care and custody of said				
over said child to contact me if at all possible before having care and custody over said child on I specifically authorize any medical attent	ore authorizing major medica I SAID TRIP SHOULD BE UNA ION WHICH MAY BE DEEMEI	ip, I direct any adult who shall have care and custody al treatment of said child. HOWEVER, IF ANY ADULT ABLE TO CONTACT EITHER PARENT OF SAID CHILD, THEN O NECESSARY FOR THE BENEFIT OF SAID CHILD AND I O ADULT DEEMS ADVISABLE IN ATTEMPTING TO RELIEVE				
Adult members having custody over children are M	Mark Ruff, Charles Northcraft	and other adult chaperones.				
Signed this	day of	, 20				
TO BE EFFECTIV	E FOR THE CALEND	DAR YEAR 2002-2003				
Insurance Carrier		Policy#				
(Signature of Parent)		(Signature of Parent)				
(home phone)	(cell phone)	(business phone)				
		s or conducts him/herself improperly he/she will ing the remainder of his/her trip and expenses.				
		(Signature of Parent)				