



Please Fill Out All Fields Required
On the Rock Ministries

On The Rock Ministries, INC.
122 S. Park Street, Bartlesville

Today's date: ___/___/___

PERMISSION AGREEMENT AND RELEASE OF LIABILITY

This document affects your legal rights. You must read and understand it before signing. Please **PRINT** clearly.

Name of Participant: _____ **Gender:** _____ **Date of Birth:** ___/___/___

Age: _____ **Address:** _____ **Zip:** _____ **Grade:** _____

School: _____ **Name of Parent or Guardian:** _____

Relationship to student: _____ **Address:** _____

Home #: _____ **Work #:** _____ **Cell #:** _____

Emergency Contact's Names & #s: _____

Emergency Contact's Names & #s: _____

e-mail _____

Ethnicity: American Indian African American Hispanic Asian Caucasian Other

IN CONSIDERATION of being allowed to participate, for which we hereby apply, in On The Rock Ministries, Inc., and related activities including receiving free transportation to said activities, we, the participant and his/her undersigned parent/guardian (if participant is not 18 or older), hereby acknowledge that we, with full knowledge and understanding of the risks involved, have voluntarily applied for the participant to participate in Rock related activities/events being conducted by On The Rock Ministries, Inc., from school to "The Rock" and to other locations for related activities; and the undersigned parent further grants his/her permission for the undersigned participant to participate in said program and related activities;

AND, we further do hereby for ourselves, our heirs, personal representatives, successors and assigns, HEREBY RELEASE, FOREVER DISCHARGE AND HOLD HARMLESS On The Rock Ministries, Inc. its successors, assigns, employees, directors, officers, agents, and volunteers and their heirs, successors, and assigns (both individually and in their corporate capacity) from any and all manner of claims, demands, damages, causes of action, suits, judgments and costs including attorney's fees, by reason of any matter or thing whatsoever, and particularly growing out of or in anywise connected with, directly or indirectly, the aforesaid child's participation in On The Rock Ministries, Inc. related activities including receiving free transportation to said activities.

We hereby voluntarily release and forever allow On The Rock Ministries, Inc., to use, at its sole discretion, any and all photographic materials, and/or video materials taken of participant, in any manner On The Rock Ministries, Inc. deems suitable. We fully understand that this may include, but not be limited to, use of said material in a magazine, newspaper, newsletter, flyer, brochure, promotional literature, news programs, documentaries or other type of publication.

MEDICAL RELEASE: In the event that I cannot be reached in an emergency, I hereby give permission to any licensed physician, surgeon, clinic, or hospital to secure proper treatment, and to order anesthesia, for my child/myself as named above. My child/I am allergic to the following medications:

Doctor to be notified in case of emergency: _____ # _____

I agree to the above terms and medical release.

X _____ / ___ / ___
Signature of Participant if over 18 Date

X _____ / ___ / ___
Signature of Parent / Guardian Date