

**ROCK CREEK BAPTIST CHURCH  
44900 Hardesty Road  
Shawnee, Oklahoma 74801  
(405) 273-7508**

**PERMISSION TO PARTICIPATE AND PROVIDE MEDICAL TREATMENT  
RELEASE OF LIABILITY**

TO WHOM IT MAY CONCERN:

My child, \_\_\_\_\_ has the permission of his/her parent(s) or guardian(s) to accompany sponsors of the Rock Creek Baptist Church, Shawnee, Oklahoma,

on an outing in the vicinity of: \_\_\_\_\_

on the date(s) of: \_\_\_\_\_

Rock Creek Baptist Church, its staff members, and all adult sponsors are hereby released from any and all liability in the event of any accident. During the course of this trip, should

\_\_\_\_\_ require emergency medical assistance or treatment, any adult sponsor from Rock Creek Baptist Church, Shawnee, Oklahoma, may give consent for such treatment as deemed necessary by a medical doctor. Financial responsibility for such treatment will be assumed by the child's parents or legal guardian whose signature appears below.

\_\_\_\_\_  
(Signature of parent or guardian)

NAME OF INSURANCE COMPANY \_\_\_\_\_

INSURANCE POLICY NUMBER \_\_\_\_\_

INSURANCE GROUP NUMBER \_\_\_\_\_

NAME OF POLICY HOLDER \_\_\_\_\_

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**CONDUCT**

Realizing the importance of proper conduct for the safety and well-being of a traveling group, I am in agreement with the guidelines set by Rock Creek Baptist Church, and expect my child to abide by these principles. Also, if serious disciplinary action must be taken, cost for transportation home will be at my expense.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Signature of Participant)