



OTRM 2011 – 2012



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

PERMISSION AGREEMENT AND RELEASE OF LIABILITY

This document affects your legal rights. You must read and understand it before signing.

Name of Participant: _____ Gender _____ Date of Birth ____/____/20____
Age _____ Address: _____ Zip _____ Grade _____
School _____ Name of Parent or Guardian _____
Relationship _____ Address: _____
Phone Numbers/ Home: _____ Work: _____ Cell: _____
Emergency #: _____ e-mail _____

Ethnicity (please circle): 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.

_____/____/____ Date _____/____/____ Date
Signature of Participant Signature of Parent / Guardian

Signature of Witness (Witness must be employee, volunteer, or agent of On The Rock Ministries, Inc.)

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: _____ # _____

Parent/Legal Guardian signature or if over 18, participant signature:
X _____

WITNESS SIGNATURE: _____ Date signed: ____/____/____
Title: _____

*SIGNATURE MUST BE A NOTARY UNLESS WITNESSED BY ADULT STAFF MEMBER OF ON THE ROCK MINISTRIES, INC.