

**Ozone Ministries Participant Consent and Release Form
(2011-2012 School Year)**

Name of Participant: _____ Age: _____ Date: _____

(Name) _____ has my/our permission to participate in activities sponsored by Ozone Ministries.

Consent and Release

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Ozone Ministries, its staff, volunteers, agents and sister organizations (First is Third Foundation, Camp Ozark Foundation, Inc., Ozark Interests Inc., and Camp Ozark) of any liability against personal losses of named participant. In any youth event or activity, especially those that include travel and overnight stays, there is a risk of serious injury. I, the undersigned, understand and assume the risks inherent with these types of events and activities and have given our consent for him/her to attend events being organized by Ozone Ministries. I understand that my signature below carries with it the following:

- In the event that the above named participant is injured, or should require medical attention while participating in an Ozone event, I hereby authorize the Ozone representatives or sponsors of the event to secure medical treatment for the above named participant. I also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. I understand that it is solely my responsibility to notify Ozone Ministries of any changes regarding the above named participant's health, medical insurance, or guardianship information.
- I give Ozone Ministries, including its staff, volunteers, agents, and sister organizations (First is Third Foundation, Camp Ozark Foundation, Inc., Ozark Interests Inc., and Camp Ozark), permission and authority to provide transportation for the participant to and from events associated with Ozone Ministries.
- I do hereby specifically release, waive, discharge, and covenant not to sue Ozone Ministries, its staff, volunteers, agents, and sister organizations (First is Third Foundation, Camp Ozark Foundation, Inc., Ozark Interests Inc., and Camp Ozark), for any action or causes of action, including, but not limited to, personal injury, property damage, or wrongful death, which may exist or which may hereafter arise during and following the participation of the above named participant in an Ozone-sponsored event or during travel to and from said event.

I have read and understand this form and hereby state that all information provided on the following page is true and correct.

Parent or Guardian Signature: _____ Date: _____

Youth Media and Photo Release Form

The undersigned does agree to grant to Ozone Ministries permission to record on film, videotape, or audio tape, his/her participation in Ozone Ministries activities, programs, or events. He/she further agrees that any or all of the material recorded may be used, in any form, as part of any future production(s) made by Ozone Ministries and that such use shall be without payment of fees, royalties, special credit, or other compensation. This form shall be valid until such time that it is revoked by the undersigned.

Parent or Guardian Signature: _____ Date: _____

Participant Medical Information

Participant Name: _____ Age: ____ Gender: _____ DOB: _____

Parent/Guardian Name: _____ Parent/Guardian Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Parent Cell Phone: _____

Emergency Contact 1: _____ Phone: _____ Relationship: _____

Emergency Contact 2: _____ Phone: _____ Relationship: _____

Health Insurance Company: _____ Policy Holder: _____

Policy # or Group #: _____ Insurance Company Phone #: _____

Rx ID #: _____ Rx Group #: _____

Physician's Name: _____ Physician's Phone: _____

Dentist's Name: _____ Dentist's Phone: _____

Participant Medical History

Allergies of Any Kind: _____

Treatment for Allergies: _____

Physical Limitations: _____

Regular Medications:

	<small>Dosage</small>	<small>Frequency</small>
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	<small>Dosage</small>	<small>Frequency</small>
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	<small>Dosage</small>	<small>Frequency</small>
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Other Health Considerations (e.g., asthma, diabetes, etc.): _____

**** Please attach a copy of both sides of your insurance card to this document.**