



I hereby give my permission for (please print) _____ to participate in this program/activity. I authorize O2 Ministries, Inc to obtain necessary medical care and treatment for the participant/child for any illness or injury occurring during the program, but I understand that O2 Ministries, Inc is not assuming duty to obtain medical treatment, make medical decisions, or render medical care or treatment to the participant/child. I understand that O2 Ministries, Inc. has NO ACCIDENT or MEDICAL PAYMENT INSURANCE COVERAGE for the participant/child and I agree to pay all reasonable medical costs incurred if treatment is obtained. I understand that O2 Ministries, Inc. assumes no responsibility or liability for lost, stolen, or misplaced items. I release O2 Ministries, Inc. and its agents, servants, volunteers, and employees from all claims, actions, causes of action and rights of recovery or reimbursement of any type that I or the child have or may have in the future which arise from or are related in any manner to the program/activity including but not limited to (claims of bodily injury and property damage or loss) and I assume all risks and hazards incident to such program and transportation to and from the same. I also give permission for O2 Ministries, Inc. to take photos and/or videos of/during activity for publicity use. This instrument is signed both on behalf of the individual.

Parent/Guardian

Date

Participant

Date