

OUACHITA CHRISTIAN SCHOOL
MEDICAL TREATMENT AUTHORIZATION
AND LIABILITY RELEASE

I, the undersigned parent or guardian, do hereby grant permission for my daughter/son, _____, to participate in extracurricular activities at Ouachita Christian School. In order that my daughter/son may receive the necessary medical treatment in the event she/he may sustain injury or illness during participation in this activity, I hereby authorize the sponsor, coach, or other supervising adult to obtain medical treatment for my daughter/son for such injury or illness during the activity, and I hereby hold Ouachita Christian School and its representatives harmless in the exercise of authority.

I understand that this activity involves risk to the participant. I further acknowledge and understand that there is a possibility that my daughter/son may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with her or his participation. I further acknowledge and understand that my daughter/son is assuming the risk of such physical illness or injury by her/his participation, and I further release Ouachita Christian School, and its representatives from any claims for personal illness injury that my daughter/son may sustain during participation in this activity.

I further understand that Ouachita Christian School has established rules and regulations pertaining to conduct, behavior, and activities of all students by which my daughter/son must abide during participation in this activity, and that my daughter/son and I will be responsible for her/his failure to abide by those rules and regulations.

My daughter/son and I have read and understood the above Medical Treatment Authorization and Liability Release.

Signature of Parent or Guardian

Date

Participant's Signature

Date