

Oklahoma Farm Bureau Safety Day

Please print and complete all information where applicable:

Participants Name:
LAST FIRST MIDDLE

Address:

Date of Birth:..... Male Female

Full Name of Parent/Guardian:

Home Phone:..... Business Phone:.....

If not available in emergency, notify:

Address:.....

Phone Number: Relationship:.....

Name of Personal Health Insurance Company & Address:.....

Policy Number:.....

County Farm Bureau:.....

CONSENT FOR MEDICAL TREATMENT/PARENTAL PERMIT/RELEASE OF MEDICAL INFORMATION :

The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parents so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operations will be performed, except emergency, without parents being contacted and fully informed. I give permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son/daughter. I authorize release of any medical information to process insurance claims and request payment of benefits to the physicians or supplier for services described. I understand that should the insurance not cover this illness/injury, I will be responsible for payments in full of any charges incurred.

Signed Relationship..... Date.....

PHOTO/VIDEO RELEASE:

I hereby give permission to Oklahoma Farm Bureau and Affiliated Companies to take photographs/videos of my son/daughter at the Oklahoma Farm Bureau Safety Day. Photographs/videos may be used to promote and/or publicize the Conference and/or Oklahoma Farm Bureau & Affiliated Companies, as well be posted on Oklahoma Farm Bureau and Affiliated Companies websites and/or social media pages.

Signed Relationship..... Date.....

Release and Waiver of Liability:

I/We agree to hold harmless, save and indemnify the Oklahoma Farm Bureau and Affiliated Companies from property damage, student's (my) personal misconduct, death or dismemberment which may arise from my participation in the m any claims for personal

Oklahoma Farm Bureau Safety Day, which I/they will attend. I further release the above-named entities and any officer, agent or employee of same from any and all claims, present and prospective, which I or my successors in interest may have for personal injuries, property damage, student's personal (my) misconduct or death. I certify that I have entered into this agreement of my own volition and fully recognize the effects of this agreement.

Signed Relationship..... Date.....