#  SUV Release and Waiver of Claims Form for Minors

My child, , who is under the age of 18 years, will be participating as a volunteer with the Disaster Relief Ministry operated by Oklahoma Baptists. If my child should need emergency medical care or attention, Oklahoma Baptists or any of its agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to my child as is recommended or suggested by a physician, nurse, surgeon or other health care professional.

* If such emergency care is provided, I understand that any expenses not covered by my insurance shall be my responsibility. I understand that Oklahoma Baptists will not be obligated to pay either the health care professional or me for any medical expenses incurred.
* I understand that the risk of injury from any disaster relief activity is significant, including, but not limited to, the potential for permanent paralysis and death. While rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child’s participation in or observation of such activity.
* Furthermore, in consideration of my child being allowed to participate as a volunteer with the Disaster Relief Ministry, I, on behalf of myself and my child, hereby waive any and all claims which I or my child may have, and I hereby agree to indemnify and hold harmless Oklahoma Baptists, its agents or employees, against any and all causes of action, rights, claims or suits which I or my child may have against Oklahoma Baptists or its agents or employees as a result of injury to my child, including, but not limited to: (1) injuries arising from my child’s participation in activities, and (2) injuries arising from the decision of the leadership of Oklahoma Baptists, or any of its agents or employees to consent to the provision of emergency medical care to my child.
* I give authority and permission to Oklahoma Baptists and any of its staff or agents to inspect my child’s belongings while my child participates as a volunteer with the Disaster Relief Ministry.
* I have received and read the Information about the Disaster Relief Ministry and I have received satisfactory answers to all my questions about such information.

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**