

2025 Youth Liability and Medical Release Form for The Choir Company

I/We the parents/guardians of _____ do hereby give permission for my/our child to attend and participate in the High School Choir Fall Retreat at Collinsville, OK, sponsored by The Choir Company. The event includes a scavenger hunt in downtown Collinsville and overnight activities at Collinsville Free Will Baptist Church. I/We also forever discharge and agree to hold harmless The Choir Company, directors, the sponsors, and volunteers of The Choir Company from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while the said child is participating in choir activities during the Fall Retreat occurring on November 7, 2025.

I/We further authorize the Choir Director, or any sponsor in whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it become necessary for my/our child to return home due to medical reasons, discipline problems, or other reasons, I/We shall assume all transportation costs.

The undersigned does also hereby release The Choir Company and any and all traveling companions or agents for the children's trip from any liability for any loss or injury while en route, during, and returning from the event.

Medical Information

Insurance Company _____

Policy Number – Group Number _____

Allergies to Medicine _____

Other Allergies _____

Is child currently taking any medication (please list)? _____

Is there any medical problem of which we should be aware? _____

Child Information

Name _____

D.O.B. _____ Grade in School (August 2025) _____

Parent/Guardian Name _____

Address _____

City, State _____ Zip Code _____

Home Phone Number _____ Parent Cell Phone Number _____

Parent Email address _____

Person to contact in case parent can't be reached:

Name _____ Phone Number _____

Parent/Guardian Signature _____ Date _____