

Victims' Impact Panel of Oklahoma
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant/Minor's Name: _____ Birth Date: _____

Parent/Guardian's Name _____

Home Address: _____

Contact Phone: _____

E-Mail: _____

I, (Parent/Guardian) _____, grant permission for my child, (child's Name) _____, to participate in this event that will take place under the guidance and direction of employees and/or volunteers from Victim's Impact Panel of Oklahoma Inc.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend the Organizer its officers, directors and agents, and any other representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Organizer, its officers, directors and agents, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: _____ Date: _____