



Medical Consent & Hold Harmless Agreement
OKLAHOMA BAPTIST UNIVERSITY
Avery T. Willis Center for Global Outreach
OBU Box 61143
Shawnee, Oklahoma 74804
405-585-5700



In consideration for participating in the GO Trip to _____:
 (Location & Dates)

I, _____, agree to the following:
 (Print full name)

1. I will abide by the rules and regulations of Oklahoma Baptist University.
2. I will abide by any specific rules established for the above-named event.
3. I hereby release and hold harmless Oklahoma Baptist University, its trustees, officers, agents, employees, counselors, and/or students for any loss, judgment, and/or harm which might come to me as a result of my participation in the above-named event.
4. I hereby authorize Oklahoma Baptist University and its employees, and especially the team mentor, _____, to secure on my behalf any and all arrangements deemed appropriate and in my best interest for medical, surgical, and dental care as a result of any accident or medical emergency while I am involved with the above-named event. I understand all costs related to such care are my responsibility. In the event I am unable to give permission for such treatment, I understand that—by signing this form—I am giving my permission that operative procedures may be carried out promptly.
5. I authorize the use of any photographs, records, and/or videos of me by Oklahoma Baptist University for promotional or other purposes.
6. I have accurately and completely disclosed present & past health concerns on the GO Trip Application.

 Signature

 Date

 OBU ID

 Birthdate

Name and phone number of the person to be contacted in case of an emergency:

 Name

 Phone number

Notarize & return to the Avery T. Willis Center for Global Outreach in GC 101.
OBU Notaries are in Thurmond Hall (Executive Office & Human Resources).

On this ____ day of _____, 20____, _____ personally appeared before me.

 Notary Public Commission No.

(seal)

My commission expires on: ____/____/____