

# Iowa Tribe of Oklahoma



335588 E. 750 Rd.

Perkins, Oklahoma 74059

(405) 547-2402

Fax: (405) 547-1093

## Release of Liability

I give, \_\_\_\_\_, permission to participate in the ITO Afterschool Program. I will not hold the Iowa Tribe of Oklahoma, any affiliated individual(s) and/or department(s) associated with the Afterschool Program liable for any accidents, injuries, or incidents related to this program. I am aware of the activities that my minor child will participate in. I provided all necessary information for the individual listed above in case of an emergency.

Parent/Guardian Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Medical Release

If emergency medical care is necessary and I cannot be reached, I authorize the IOT Afterschool Program staff to act in my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date