



800 Chisholm Trail Parkway
PO Box 981
Duncan, OK 73534

Child's Name: _____

Parent's Name: _____

Address: _____ City _____ State _____

Zip _____ E-Mail _____

Cell or Home Phone # _____

Work # _____

Age _____ Gender M F

I, Participant in Simmons Center Spring Break Camp assume all risks and hazards incidental to such participation and hereby waive, release, absolve, identify, and agree to hold harmless the Simmons Center Foundation, staff, volunteers, and organizers for any claim arising out of an injury to the participant(s). I also grant my permission to the managing personnel or other Simmons Center staff to authorize and obtain medical clearance from any licensed physician or hospital, should the participant(s) become ill or injured while participating in the Simmons Center Spring Break Camp when neither parent, guardian, nor I as participant(s) is available to grant authorization for emergency medical treatment.

Signature of Parent/Guardian _____ Date _____

I as parent or guardian grant permission for my child to be in photographs taken at Kid's Fun Day to be used for purposes of advertisements on social media.

Signature of Parent/Guardian _____ Date _____