

Hold Harmless Agreement June 2022

I grant permission for my child to participate in the Owasso Science Camp. I understand that by taking part in this event there is a possibility of injury or illness to my child. I hereby grant permission to licensed medical staff to administer immediate treatment to my child should he/she be injured. Further, I understand that I am responsible for payment of expenses incurred relating to my child's medical treatment. I also agree to hold harmless Owasso Public School and Owasso Science Camp (including their director & staff) for any illness or injury incurred as a result of my child's participation in this event.

Child's name _____

Parent's signature _____

Date _____