



7122 S Sheridan Rd, #2602  
Tulsa, OK 74133  
[www.MyLongWalk.org](http://www.MyLongWalk.org)  
[info@MyLongWalk.org](mailto:info@MyLongWalk.org)  
918-906-1814

## PARENT/GUARDIAN CONTACT INFORMATION:

Your information is important to us, please write legibly.

Name of Parent/Guardian: \_\_\_\_\_

Name of Son/Daughter: \_\_\_\_\_

Date of LongWalk Trip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Has your Son/Daughter ever attended a LongWalk Trip or Event?**

(Circle one) Yes No

**Would you be willing to share your Pre-Trip Expectations and Trip-End Evaluations with us?**

(Circle one) Yes No

**How did you hear about LongWalk?**

**(Check All That Apply)**

- My Son/Daughter
- A Friend of my Son/Daughter
- A fellow Adult
- Internet Search
- Other: \_\_\_\_\_

Thank you for taking the time to fill this out. We value the opportunity to connect with both your child and you! We welcome your feedback and look forward to hearing your stories. With your help, we can continue to improve and develop. We are dedicated to making a positive impact on the lives of youth and we are grateful for your support.



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## LONGWALK FIELD TRIP & GENERAL RELEASE FORM

**Instruction:**

1. Please read entire form, if there is anything above this form or the described activity that you do not understand, do not sign the form until you are satisfied that you have obtained a complete explanation.
2. Fill in all the blanks.
3. If you have more than one child participating, please complete one form per child.

I, \_\_\_\_\_, am the parent or guardian of

(Parent / Guardian)

\_\_\_\_\_, a minor, who desires to participate in the following:

(Student)

**Backpacking at OZARK MOUNTAINS**

**Participants will be transported to and from DESIGNATED LOCATION by the Sponsoring Organization, in the event that transportation is not provided, students will carpool.**

I acknowledge that I have been fully informed as to the nature of the activity and the provisions for my child's involvement and consent to my child's participation in the above described activity. The undersigned has considered all of the risks related to this extra curricular activity and assumes, for ourselves and our minor child, any and all such risks.

In consideration of the permission granted to my child to participate in the above described activity by LongWalk, I release and hold harmless LongWalk, their agents, employees, officers, representatives and associates from any and all actions or causes of action of any nature for personal injury or property damage of any kind arising in any way from my child's participation in the above described activity. I further acknowledge that this release is binding upon my heirs, successors or assigns, that I have read the forgoing and understand its significance, and that I have executed this document voluntarily.

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

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_



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## LONGWALK PERMISSION FORM: MEDICAL CONSENT & RELEASE

### CONTACT INFORMATION:

Participant Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Parent or Guardian: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 Parent or Guardian Email(s): \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **MUST BE CONTACTABLE 24/7**  
**PHONE NUMBER:** \_\_\_\_\_  
**RELATIONSHIP TO PARTICIPANT:** \_\_\_\_\_  
**CELL PHONE NUMBER:** \_\_\_\_\_

### MEDICAL & HEALTH HISTORY: (Please use reverse side if necessary)

Chronic or recurring illnesses or medical conditions (stomach upsets, rash, frequent colds, etc): \_\_\_\_\_  
 Allergies to Medications/Foods/Asthma/Insects: \_\_\_\_\_  
 Current Treatments & Medications (Reason & Dosage): \_\_\_\_\_  
 LongWalk may administer any over the counter medications, as symptoms present themselves:  Yes  No

### HEALTH INSURANCE:

Company Name: \_\_\_\_\_  
 Insured's Name \_\_\_\_\_ Policy # \_\_\_\_\_  
 Telephone Authorization # \_\_\_\_\_ Group # \_\_\_\_\_

### AUTHORIZATION & CONSENT:

I/We, the undersigned parents or legal guardians of the minor child listed below, or adult above the age of 18yrs:

**Name (Please print)** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

do hereby authorize any hospital service, x-ray, examination, anesthetic, dental, medical or surgical diagnosis or treatment by any licensed physician or dentist, and hospital service that may be rendered to myself or said minor under the general, specific, or special consent of LongWalk, the temporary custodians of myself or the minor child.

I/We authorize the physician or dentist to call in any necessary consultants in his/their discretion.

It is understood that consent is given in advance of any specific diagnosis or treatment being required but is given to encourage those persons who have temporary custody of myself or the minor and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

This consent shall remain effective until 12 pm on the 30 day of August, 2020, unless sooner revoked in writing and delivered to said physician or dentist or said persons entrusted with the custody, care, and control of myself or said minor child.

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

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2020.



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## **Outcome Study, Photo and Recording Release**

In consideration of my/my minor child's participation ("Participant"), with LongWalk Oklahoma, ("Organization") and as part of the services being furnished to Participant by said Organization, Participant hereby gives consent to the **ANONYMOUS OUTCOME STUDY SURVEY OF ALL OUR PARTICIPANTS**, photographing of Participant and to the recording of Participant's voice. The Organization is hereby authorized to use or cause to be used said still photographs or motion picture footage, recordings of Participant's voice and Participant's name for advertising, publicity, commercial or other business purposes. Said photographs and/or recordings may be used singularly or in conjunction with other photographs and/or recordings. The Organization has Participant's authorization to reproduce, or cause to be reproduced and use such photographs and voice recordings. The same may be exhibited in all domestic and foreign markets. Participant understands that others may use and/or reproduce said photographs and/or recordings with or without the Organization's consent.

I hereby release the Organization, any of its associated or affiliated companies, their directors, officers, agents, employees, customers and the Organization's appointed advertising agencies, officers, directors, agents and employees, from all claims of any kind on account of such use.

**Authorized signature:** \_\_\_\_\_

**Minor Child:** \_\_\_\_\_

**Date:** \_\_\_\_\_