



COM2TEX 2022
Parental Permission and Medical Release:
(This section is for registrants under 18 years of age)

We hereby give permission for our minor child, _____ age ____ (years)
who is my _____, and who was born at _____ on _____
(son/daughter) (City/State/Country) (Month/Day/Year)

to make a tourist visit as part of the group from Southern Nazarene University and give consent for any doctor, nurse, and/or hospital to
administer medical aid and treatment to our child if an accident is sustained or emergency exists. We hereby release Southern Nazarene
University, its agents, employees, and officers of and from any fault and negligence, and all liability and claims whatsoever arising out of or
related to any injury or loss that may be sustained by our child, recognizing that this does not release Southern Nazarene University from future
liability for gross negligence or intentional torts.

(Parent or Legal Guardian) (Parent or Legal Guardian)
Address: _____ Address: _____

Telephone: _____ Telephone: _____

-----To be completed by Notary-----

Sworn to before me and subscribed in my presence this ____ day of _____, 20__ .

Notary Public in and for country of _____ State of _____

Notary Signature _____ Commission expires _____