



Appointment of Hostess and Authorization to Allow Medical Treatment

We/I the undersigned parent(s) or legal guardian(s) of _____, a minor who is a participant in the Miss Oklahoma's Outstanding Teen Pageant, hereby appoint a member of the Hostess Committee, as attorney-in-fact for the purpose of authorizing, signing or entering into any authorization for medical treatment or surgery for the above named contestant by any licensed doctor or hospital, should, in the opinion of the Miss Oklahoma's Outstanding Teen Board, the necessity therefore arises, and here-by release and hold harmless the hostess and the Miss Oklahoma's Outstanding Teen, Inc., from any liability which would otherwise be incurred in the exercise of any of the acts designated herein.

Date this _____ day of _____ (month & year).

Contestant Signature

Local Teen Title

Parent/Legal Guardian Signature

STATE OF _____

COUNTY OF _____

Sworn To, Subscribed and Acknowledged before me on _____ day of _____, _____, by _____ Who is/are personally known to me or who has/have produced valid identification. Personally Known _____ or Produced Identification _____ Type of Identification Produced (Drivers License/Birth Certificate) _____

(SEAL)

Notary Public Signature

Notary Print Name

My Commission Expires _____