



Affidavit of NO INSURANCE

I, _____ the parent or legal guardian of
(name)
_____ who is currently holding the title of
(name of outstanding teen candidate)
_____ confirm that we do not
(MOKOTeen Local Title)
currently carry medical/dental insurance that covers our daughter.

In the event of a medical or dental emergency that requires medical attention during her time in Tulsa while competing for the title of Miss Oklahoma's Outstanding Teen, it is understood that Miss Oklahoma | MOKOTeen, Inc., has no financial responsibility to pay for such care and we (the parents or legal guardian) are solely responsible for said charges.

Signature of Parent/Guardian

Date