

ASSUMPTION OF RISK AND RELEASE

I acknowledge that I am voluntarily attending an excursion offered through the University of Oklahoma, Department of _____ (hereinafter the "Department"). I am a participant in _____ (hereinafter "Activities" or "Events"). I desire to participate in all aspects of this Event, including but not limited to the following Activities, which are sponsored by the Board of Regents for the University of Oklahoma by and through the Department:

- 1.
- 2.

I recognize that there are inherent risks and hazards directly or inherently involved, making this a dangerous Activity with the potential to cause loss of limb or life or injury to personal property. With full knowledge of the facts and circumstances surrounding these Activities, I voluntarily undertake these Activities and assume all responsibility and risk from my participation in these Activities, including all risk of loss of limb or life, property damage, injury to others, and other hazards to me.

I assure officials of the University of Oklahoma that I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in these Activities and that I will indemnify and hold the University and its affiliates harmless from any and all claims, demands, causes of action, or losses arising out of or relating to the Events or Activities whether arising under United States or Italian law.

I assure the University of Oklahoma that there are no health-related reasons or problems which preclude or restrict my participation in these Activities. I also assure the University that I have the proper licensing, training and all other prerequisites required by the University, the State and the Federal government to participate in these Activities. I further assure the University that I shall abide by all rules, policies and regulations associated with the Activity and/or requested of me by the University.

I release the University of Oklahoma from any liability whatsoever arising out of my participation in these Activities, including but not limited to, any damage to my property or the property of others and injury to me or to others, including loss of limb or life or to others through my participation in these Activities.

The foregoing is submitted in consideration of the University of Oklahoma allowing my participation in these Activities. I execute this document with full knowledge of the contents and consequences stated in this Release.

Volunteer

Witness

(name)

(name)

(signature and date)

(signature and date)

(Volunteer's Parent or Guardian must sign if Volunteer is not yet 18 years of age)