RELEASE FOR THE UNIVERSITY OF OKLAHOMA
MINOR’S RELEASE AND ACKNOWLEDGEMENT OF RULES AND GUIDELINES

Date_______________________________

Student Name ___________________________________ School ______________________

The student named above and his/her parents/guardians agree to release and hold harmless the University of Oklahoma, its officers, members, employees, volunteers, agents and representatives (collectively “Releasees”) for any and all losses, damages, claims, demands, actions or right of actions for injuries or death sustained while the student is participating in the OU OBOE FESTIVAL.

I acknowledge that I/my student is healthy for all activity requirements and that there are certain risks and dangers of physical injury or illness associated with any activity. I recognize that Releasees do not assume responsibility or liability for any accident or damages resulting from participation in the OU OBOE FESTIVAL.

I have read the University of Oklahoma rules stated herein or as otherwise advised at the time of the Activity, and as published on the University's websites, www.judicial.ou.edu and www.ou.edu/home/misc.html, and understand and agree to abide by all University and Activity rules and policies.

Students who fail to follow the guidelines set forth by the staff of the OU OBOE FESTIVAL during the event may be requested to leave. If my student is asked to leave an event, I will pick up my student in a timely manner as arranged with the staff. I waive any claim for refund or any other contract right upon removal.

Please initial each of the following:

_______ I give my informed consent and permission for my student to participate in the OU OBOE FESTIVAL.

_______ I agree to have my student follow all project guidelines and understand that any failure to comply with these rules or any other rule established by the OU OBOE FESTIVAL may result in Minor's immediate removal from the event.

_______ (optional) I agree to allow OU School of Music to use any photographic or videographic image of my student or student’s voice taken while participating in the OU OBOE FESTIVAL. These images may be used in promotions or other related marketing materials including newspaper articles, brochures and publications of the University, and websites.

I hereby certify that I am the parent and/or guardian of the student identified above and that the above and foregoing matter has been fully explained to me and Minor, and I, for and on behalf of said Minor, do hereby release all liability, indemnify and covenant not to sue. Further, as parent and/or legal guardian of this student, I hereby give consent and authorize the OU OBOE FESTIVAL, the University of Oklahoma and its agents, representatives and employees to secure emergency medical treatment for my student while he/she is in attendance at the identified activity conducted by The University of Oklahoma and that I am responsible for any and all costs associated with the transportation and treatment.

I agree to notify the event supervisor Dr. Dan Schwartz at 847-778-1834 immediately of any injuries sustained by the student as a result of the event. I also understand and agree that should any issues of sexual misconduct, harassment or assault occur, I will immediately report those to both the event supervisor Dr. Dan Schwartz at 847-778-1834 as well as the University’s Sexual Misconduct Officer, Kathleen Smith at 405-325-2215, www.ou.edu/home/misc.html.

I understand that by signing this document, I give up substantial rights that I or my student would otherwise have to recover damages for any loss occasioned by the fault of the University of Oklahoma and its personnel, and I sign it voluntarily and without inducement. I understand that I can direct my questions about this agreement to Dr. Dan Schwartz.

--- Turn over page to sign ---
**Student Information:**

Student Signature ___________________________________ Student Birth Date________

**Parent/Guardian Information:**

Parent/Guardian Signature ___________________________________ Date _____________

Parent/Guardian Relationship to Student _____________________________________________

Address________________________ City _________ State _____ Zip _________

Phone numbers:

Daytime _______________ Evening _______________ Alternate _________________

Email Address ________________________________________________________________

**Emergency Contact (if parent or guardian cannot be reached) - REQUIRED INFORMATION**

Contact Name ______________________________________________________________

Phone numbers:

Daytime _______________ Evening _______________ Alternate _________________