

UNIVERSITY OF OKLAHOMA

**Biological Station
WAIVER AND RELEASE OF RESPONSIBILTY
SUMMER SESSION
UNIVERSITY OF OKLAHOMA
COURSE: _____**

Please fill out and sign this form, and return it at once to the Biological Station, University of Oklahoma, Norman, Oklahoma 73019.

Name of Applicant

Dates of Participation

Name of Parent or Legal Guardian

Address

The undersigned, being the above-named Applicant, or, if such Applicant is under the age of eighteen (18) years, the parent or legal guardian on behalf of such Applicant, in consideration of acceptance of Applicant for participation in the above-named Summer Session Course (the "Program") by the University of Oklahoma (the "University") does hereby agree that:

1. Before signing this Waiver, Applicant has read the brochure and course description provided by the University which describes the Program, the Applicant's responsibilities while participating in the Program, and the potential health, safety, and other risks associated with the Applicant's participation in the Program and assumes full legal and financial responsibility for participation in the Program.
2. Applicant shall abide by all laws. If Applicant chooses to use alcohol, if and as allowed by law, Applicant agrees to do so responsibly and at his or her sole risk. Applicant agrees to comply with all rules, regulations, and standards of conduct fixed by the University, its agents, and employees, who, in the event of violation, reserve the right to limit or terminate the Applicant's participation in the Program. No refund shall be made in the event of such limitation or termination. If Applicant's participation in the Program is terminated, return to Applicant's home shall be at Applicant's sole expense.
3. Applicant waives, releases and fully, finally and forever discharges from any and all liability and claims, indemnifies and covenants not to sue or cause to be sued in any judicial or administrative forum, the Board of Regents of the University of Oklahoma, and/or its officers, agents, and employees with respect to any and all matters whatsoever relating to or arising from Applicant's participation in the Program, whether known or unknown
4. The Applicant certifies that they are in good health, may travel as required, and are free from any physical or mental ailment or disability requiring medical, surgical or other care or treatment which might endanger the health or safety of the Applicant or those with whom the Applicant may come in contact. The Applicant hereby grants the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve the Applicant's health and safety during the program, including authorizing medical treatment on the Applicant's behalf and at his/her expense.
5. This Waiver shall not be modified except by another agreement in writing signed by the Applicant. Provided, any modification hereto may affect participation in the Program, at the University's sole discretion.
6. The Applicant acknowledges that prior to signing this Waiver, he or she has read this Waiver, has full understanding of its terms and conditions, and voluntarily executes it with the understanding that the University shall rely on the statements and warranties herein contained.
7. The terms of this Waiver shall be governed by the laws of the State of Oklahoma.

Applicant's Signature

Date

Signature of Parent or Guardian
(If Applicant is under 18 years of age.)

Date