

**FORM C -- RELEASE FOR THE UNIVERSITY OF OKLAHOMA (UNIVERSITY EVENTS)**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, I certify that I am the Legal Representative of \_\_\_\_\_,  
(Minor's Name)

hereinafter ("Minor"), of \_\_\_\_\_, \_\_\_\_\_, and I have full authority to and do give permission for Minor  
(Home Town) (State)

to participate in \_\_\_\_\_, hereinafter ("the Event"), to be held at the University of Oklahoma  
(name of the event)

hereinafter ("the University").

**University and Event Rules.** I acknowledge that I have read the University's rules stated herein or as otherwise advised at the time of the Event, and as published on the University's websites, [www.ou.edu/studentaffairs/about-us/departments/policy-debate](http://www.ou.edu/studentaffairs/about-us/departments/policy-debate) and [www.ou.edu/home/misc.html](http://www.ou.edu/home/misc.html) and understand and agree to abide by all University and Event rules and policies. Failure to comply with these rules or any other rule established by the Event may result in Minor's immediate removal from the Event. I waive any claim for refund or any other contract right upon removal. I certify that I have read and understand the Event rules and have explained said rules to Minor. I understand and agree to notify the Event supervisor **Lindsey Shook** at [lindsey.m.shook-1@ou.edu](mailto:lindsey.m.shook-1@ou.edu) immediately of any injuries Minor sustains as a result of the Event and of any inappropriate behavior Minor experiences related to the Event. I also understand and agree that if any issues of sexual misconduct, harassment or assault occur, I will immediately report those to both the Event supervisor **Lindsey Shook** at [lindsey.m.shook-1@ou.edu](mailto:lindsey.m.shook-1@ou.edu) and the University's Sexual Misconduct Officer at 405-325-2215 or [www.ou.edu/home/misc.html](http://www.ou.edu/home/misc.html).  
Initials: \_\_\_\_\_

**Talent Release.** I understand that the University often produces promotional material relating to its programs. I understand that as a participant at the Event, Minor may be included in videotapes or photographs taken during the Event. Therefore, without reservation or limitations, I, in my own behalf and on behalf of the Minor, hereby assign, transfer and grant to The University of Oklahoma, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape the Minor and to utilize such videotapes and photographs and Minor's name, face likeness, voice and appearance as a part of the Event, in advertising and promoting the Event or in advertising and promoting similar future events at no charge. Initials: \_\_\_\_\_

**Medical Authorization.** As parent and/or legal guardian of Minor, I hereby give consent and authorize said Event, the University and its agents, representatives and employees to secure emergency medical treatment, or to administer the use of an epi-pen, basic first aid or to ensure that medications have been taken as prescribed for Minor while Minor is in attendance at the Event held at the University and that I am responsible for any and all costs associated with the transportation and treatment. I certify that if my child has any special medical considerations, including food or other allergies, that I have specifically communicated those in writing to the Event supervisor. Initials: \_\_\_\_\_

**Transportation.** I certify and agree that I am to pick-up and drop-off Minor only at the designated places and times. Should I fail to timely pick-up Minor at the designated area, I understand he/she will be taken to **Cate Center 1, RM 301** for pick-up. Failure to timely pick-up Minor may result in his/her immediate withdrawal from the Event. Initials: \_\_\_\_\_

**Release and Waiver.** I, for and on behalf of Minor, myself, my and Minor's personal representatives, heirs, assigns and next-of-kin, hereby release, waive, forever discharge, indemnify and covenant not to sue the Board of Regents of the University of Oklahoma, its officers, members, employees, volunteers, agents and representatives for any and all loss, damages, claim, demand, action or right of action, arising from or by reason of any injury resulting or to result from participation in the Event. I, for and on behalf of Minor, myself, my and Minor's personal representatives, heirs, assigns and next-of-kin, agree to hold harmless, defend and indemnify, for any and all loss, damages, claim, demand, action or right of action, arising from or by reason of any injury resulting or to result from participation in the Event. This contains the entire agreement between the parties hereto and all terms are contractual and not a mere recital. I further state that

Minor and I have each carefully read the foregoing Release and Acknowledgement as his/her own free and voluntary act. I am at least eighteen years of age and sign this Release and Waiver voluntarily.

|                              |   |              |   |           |
|------------------------------|---|--------------|---|-----------|
|                              | / |              | / |           |
| Parent/Guardian Printed Name |   | Relationship |   | Signature |
|                              |   |              |   | Date      |

Event Name: Shannon Self Debate Institute

Address of Parent and/or Legal Guardian:

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Emergency Contact other than parent or guardian if they cannot be reached:

Contact \_\_\_\_\_

Phone \_\_\_\_\_

Any questions regarding this form should be directed to the Head Supervisor **Lindsey Shook** at **[lindsey.m.shook-1@ou.edu](mailto:lindsey.m.shook-1@ou.edu)**.