

**University of Oklahoma Norman Campus
WAIVER and RELEASE of LIABILITY for OFF CAMPUS**

This is a legal and binding agreement which, when signed, will permanently limit your ability to recover from the University for injuries or losses you may cause or sustain as a result of participation in off-campus activities.

The University of Oklahoma is a state educational institution. References to the University of Oklahoma include its Board of Regents, officers, agents, faculty, employees, volunteers, students, UOSA and administrative organizations.

I [*print your name*] _____
freely choose to participate in the Trip/Activity (*name*)
The Big Event _____, which may
include the following activities:

all activities associated with the Big Event

including, but not limited to, driving,

volunteer work, and use of supplies.

I understand that the University of Oklahoma is not an agent of and has no responsibility for any third party that may provide services including food, lodging, travel, or equipment. The University of Oklahoma has not reviewed the qualifications of the activity organizer or sponsor, and does not endorse or sponsor the program or its safety or quality.

I agree to inform myself about the potential dangers of the area I am traveling to and precautions I should take, including reviewing the State Department Consular Travel Information at <http://www.travel.state.gov> and the Centers for Disease Control Travelers Information at <http://www.cdc.gov/travel/> for health and immunization information, and any other information that the Activity organizer, sponsor or the University may provide.

Despite precautions, accidents and injuries can and will occur. I understand that the Activity and transportation may be dangerous and that I may be injured and/or lose or damage personal property as a result of participation in the Activity. Therefore, **I FULLY AND COMPLETELY ASSUME ALL RISKS RELATED TO THE ACTIVITIES** including death, injury, illness or loss from accidents, theft of or damage to personal belongings.

Medical Treatment Authorization
I authorize the University of Oklahoma to act on my behalf in any medical emergency.

Signature Date

**Release from Liability, Indemnification Agreement
and Covenant Not to Sue**

To the fullest extent permitted by law, on behalf of myself, my spouse, heirs, representatives, executors, administrators and assigns, I agree to forever RELEASE, INDEMNIFY, HOLD HARMLESS and COVENANT NOT TO SUE the University of Oklahoma from any cause of action, claim, or demand, including one related to bodily injury, property damage, death or accident arising out of or related to my participation in the Activity.

I assure the University of Oklahoma that I have adequate health insurance to provide for any medical needs or costs that may result from my participation in the Activity.

My signature below indicates that I have read, understood, and freely signed this agreement, which shall take effect as a sealed instrument. I further certify that my date of birth is _____ (month/day/year), and that my present age is _____, and that I am otherwise legally competent to sign this agreement.

This agreement shall be construed and enforced in accordance with the laws of the State of Oklahoma, and I consent to the jurisdiction of this state. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted and that if any portion is held invalid, the remainder shall continue in full legal force and effect.

****** IMPORTANT! ****
READ ENTIRE AGREEMENT BEFORE SIGNING**

Printed Name: _____

Signature: _____

Date: _____

Address: _____

Phone(s): _____

If participant under age 18:

Parent's Printed Name: _____

Parent's Signature: _____

Date: _____

Address: _____

Phone(s): _____