

University of Oklahoma Norman Campus
WAIVER and RELEASE of LIABILITY for Campus Visit

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 a campus visit and/or participation in activities related to the visit.

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 visit the University of Oklahoma campus and understand that my visit may include the following activities:

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.

I agree to inform myself about the potential dangers of any activities that I am participating in and precautions I should take.

Despite precautions, accidents and injuries can and will occur. I understand that the visit and activities may be dangerous and that I may be injured and/or lose or damage personal property as a result of the visit and/or participation in the activities. Therefore, **I FULLY AND COMPLETELY ASSUME ALL RISKS RELATED TO THE VISIT AND ACTIVITIES** including death, injury, illness or loss from accidents, theft of or damage to personal belongings. I further **ASSUME ALL LIABILITY** for any loss to another party if such loss is related to the visit or activities and caused by my actions. Such loss includes death, injury, illness or loss from accidents to another party, and/or damage to or loss of property owned by another party.

Medical Treatment Authorization

_____(Initial) I authorize the University of Oklahoma to act on my behalf in any medical emergency.

**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 visit or my participation in the activities.

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 visit or participation in activities.

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): _____