

ASSUMPTION OF RISK AND GENERAL RELEASE

I acknowledge that I am a participant in the University of Oklahoma Health Sciences Center _____ (hereinafter the "Department"). I am a participant in _____ (hereinafter "Activities" or "Events"). In consideration for allowing me to participate in the Events, I am entering into this Assumption of Risk and General Release. The University of Oklahoma Health Sciences Center ("OUHSC" or "University") is a state educational institution. References to the University of Oklahoma Health Sciences Center include its Board of Regents, officers, agents, faculty, employees, students, HSC Student Association and administrative organization. I desire to participate in all aspects of this Event, including but not limited to the following activities:

- 1.
- 2.
- 3.
- 4.
- 5.

I recognize that there are inherent risks and hazards directly or inherently involved, making this a dangerous Activity with the potential to cause loss or limb or life. With full knowledge of the facts and circumstances surrounding these Activities, I voluntarily undertake these Activities and assume all responsibility and risk from my participation in these Activities, including all risk of loss of limb or life, property damage, injury to others, and other hazards to me.

I warrant and represent to the officials of the University that I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in these Activities and that I will indemnify and hold the University and its affiliates harmless.

I warrant and represent to the University that there are no health-related reasons or problems that preclude or restrict my participation in these Activities. I also warrant and represent to the University that I have the proper licensing, training and all other prerequisites required by the University, the State and the Federal government to participate in these Activities.

To the extent permitted by law, I release the University from any liability whatsoever arising out of my participation in these Activities, including but not limited to, any damage to my property or the property of others and injury to me or to others, including loss of limb or life or to others through my participation in these Activities.

The foregoing is submitted in consideration of the University of Oklahoma Health Sciences Center allowing my participation in these Activities. I execute this document with full knowledge of the contents and consequences stated in this Release.

Participant

Witness

(name)

(name)

(signature and date)

(signature and date)

(Participant's Parent or Guardian must sign if Participant is not yet 18 years of age)