

**University of Oklahoma (Health Sciences Center Campus) Sponsored Trip/Activity
VOLUNTARY ASSUMPTION OF RISK and INFORMED CONSENT**

Name of Trip/Activity: _____

The University of Oklahoma Health Sciences Center is a state educational institution. References to the University of Oklahoma include its Board of Regents, officers, agents, faculty, employees, volunteers, students, and HSC Student Association Administrative Organizations (Contact HSC Student Affairs for a complete listing).

I [*print your name*] _____ freely choose to participate in the above-named University of Oklahoma Health Sciences Center Trip/Activity, which may include the following activities:

For a trip to a rural or remote location, I understand that it may take 48 hours or more to arrive at a medical facility, transportation to which may be by boat or on foot. I accept the increased risk that such isolation may pose in the event of injury.

I understand that it is my responsibility to acquire and use activity-appropriate and/or required equipment and protection. I agree to reduce the risk of injury to myself and others by following applicable rules and procedures, by limiting my participation to reflect my personal fitness level and by notifying the activity coordinator immediately if I do not believe I can safely continue in the activity. I agree that if I fail to act in accordance with this agreement I may not be permitted to continue in the activity.

MEDICAL TREATMENT AUTHORIZATION

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

Despite precautions, accidents and injuries can and do occur. I understand that participation in some of the activities of the University of Oklahoma Health Sciences Center Trip/Activity may be dangerous and that I may be injured and/or lose or damage personal property as a result of participation in the Trip. Therefore **I ASSUME ALL RISKS RELATED TO THE ACTIVITIES** including death, injury, illness or loss from accidents, theft of or damage to personal belongings.

My signature below indicates that I have read, understand, and freely signed this agreement.

***** IMPORTANT *****

READ ENTIRE AGREEMENT BEFORE SIGNING

| | |
|------------------------|--|
| Printed Name: _____ | <i>If participant is under age 18:</i> |
| Signature: _____ | Parent's Printed Name: _____ |
| Date: _____ DOB: _____ | Parent's Signature _____ |
| Address: _____ | Parent's Address _____ |
| _____ | _____ |
| Phone(s) _____ | Parent's Phone(s) _____ |