

**University of Oklahoma Health Sciences Center Campus
WAIVER and RELEASE of LIABILITY**

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

I [print your name] _____ freely choose to participate in the OUHSC Registered Student Organization, _____, and plan to attend _____ (name of trip/activity), which may include the following activities:

I acknowledge and understand that OUHSC Registered Student Organizations are not entities of OU and their activities, including the above-described Trip/Activity, are not sponsored or endorsed by OUHSC.

I further understand that OUHSC is not an agent of and has no responsibility for any third party that may provide services, including but not limited to food, lodging, travel, or equipment. OUHSC has not reviewed the qualifications of the Trip/Activity organizer or sponsor and does not endorse or sponsor the program, its safety or quality.

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 OUHSC 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 Trip/Activity.

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.

This agreement supersedes all prior agreements, written or oral, and shall constitute the entire agreement and understanding between the parties with respect to the subject matter hereof.

My signature below indicates that I have read, understand, 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.

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

Printed Name: _____

Signature: _____

Date: _____

Address: _____

Phone(s): _____

If participant is under age 18:

Parent's Printed Name: _____

Parent's Signature: _____

Date: _____

Address: _____

Phone(s): _____