

THE UNIVERSITY OF OKLAHOMA
Norman Campus, Health Sciences Center, and Tulsa Campus

**Acknowledgement of Risk for Travel Within the United States
with an OU Registered Student Organization
for Out of State and/or Overnight Travel**

Name of Student: _____ **OID:** _____

Destination(s): _____

Name of OU Registered Student Organization: _____

Travel Start Date: _____ **Travel End Date:** _____

I, the above-named student, acknowledge that I am planning to participate in a trip to the above-referenced destination(s) that has been organized by an OU Registered Student Organization (“Trip”). The purpose of this form is to ensure that I understand the status of this Trip as a private trip, the risks involved, and to release any claims, if any, that I could assert against the University of Oklahoma (“University”).

I hereby acknowledge and agree to the following:

1. I understand that the Trip is not under the direction, control, or sponsorship of the University. Although University personnel may have assisted in organizing the Trip and may be participating in the Trip, the Trip is not a University program, class, or sponsored activity.
2. I acknowledge that the University is not responsible for any aspect of the Trip, including the travel arrangements, volunteer opportunities, or other activities. I am solely responsible for my participation and for reviewing, understanding, and agreeing to all arrangements made on my behalf.
3. I recognize that the University cannot guarantee my safety, and I acknowledge that my decision to travel to the above-named destination(s) may expose me to significant risks including, but not limited to, terrorism, war, serious bodily injury or death, property damage, and other risks that may not be foreseeable. I understand that I am responsible for my safety, and I assume responsibility for all risks associated with my travel. Further, I acknowledge and state that all my activities associated with and/or related to the Trip are entered into as my free and voluntary act with full and complete knowledge of the risks involved.
4. I acknowledge that the University has not made any investigation into health, safety, security conditions or legal requirements of the Trip. Additionally, I acknowledge the University has not investigated the quality or suitability of any housing or transportation providers that I may use in connection with this Trip. Further, I acknowledge that it is my responsibility to investigate these conditions and issues thoroughly and at my own cost before deciding whether I should participate in the Trip.
5. I acknowledge that I may be doing volunteer or intern-like work while I am on the Trip. I understand that the University has not officially vetted the organizations with which I may be

working. The University does not endorse these organizations and has made no representations to me about them.

6. I understand that the University is not responsible for assisting me, and will not be able to assist me, in an emergency.
7. **WAIVER AND RELEASE OF CLAIMS.** 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, its governing board, employees, agents, and representatives from and for any cause of action, claim or demand including, but not limited to, bodily injury, property damage, legal liability, financial obligations, death or accident arising out of or related to my participation in the Trip.

I have carefully read and fully understand this Acknowledgement of Risk for Travel Within the United States with an OU Registered Student Organization. I agree to the terms and conditions contained herein, and I also accept the consequences of those terms and conditions on behalf of my heirs and personal estate. I agree that enforcement of this Agreement will be under the laws of the State of Oklahoma, should any dispute arise.

Signature of Student: _____ Date: _____

IF STUDENT IS UNDER THE AGE OF 18:

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____