

ASSUMPTION OF RISK AND RELEASE

I acknowledge that I am a student or an employee or other (_____) of the University of Oklahoma. I wish to participate in _____ (“Student Organization”) Programming (hereinafter “Programming”). I desire to participate in one or all aspects of this Programming, including but not limited to the following Activities:

- 1.
- 2.
- 3.

I recognize that there are inherent risks and hazards directly or inherently involved, making this a dangerous Program with the potential to cause loss of limb or life. With full knowledge of the facts and circumstances surrounding these Programs and for the consideration of being allowed to participate in these Programs, I voluntarily undertake these Programs 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 Student Organization 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 Programs and that I will indemnify and hold the Student Organization, its officers and affiliates and the property owner harmless. I also warrant and represent that I am 18 years of age and legally competent to enter into this Agreement for myself or on behalf of _____ who is a minor.

I assure the Student Organization that there are no health-related reasons or problems that would preclude or restrict my participation in these Programs.

I release the Student Organization, its affiliates and the property owner from any liability whatsoever arising out of my participation in these Programs, 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 Student Organization allowing my participation in these Activities. I execute this document with full knowledge of the contents and consequences stated in this Release.

Participant(s)

Witness

(print name and date of birth)

(name)

(sign and date)

(signature of guardian)

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