| PROGRAM/CAMP INFORMATIO | <u>N</u> | | | |
|--|--|--|---|--|
| Program/Camp Name: | Time (a) | | | |
| Location: | Time(s) | : | | |
| PARTICIPANT INFORMATION | | | | |
| Name of Participant: | City | Chaha | | 7: |
| Phone Number: | City: Date of Birth: | Gender: M | F | _ zɪp |
| PLEASE READ THIS DOCUMENT | CAREFULLY BEFORE SIGNING. THIS I | S A LEGALLY BINDING I | DOCUMENT | . THIS FULLY SIGNED FORM |
| "Program") including any trav | ny Child (hereafter "Child") to par el required by the program sched rticipation, I hereby agree as follow | ule, on the date(s) an | | |
| inherent risks to which my Child death, as well as economic and both known and unknown, and | appreciate that as part of my Child' may be exposed, including the risk operate loss. I further realize that pathave elected to allow my Child to Il risk of injury, loss of life or damage. | of serious physical injury nrticipating in the youth take part in the Progra | , temporary program ma m. Therefor | or permanent disability, and by involve risks and dangers re I, on behalf of my Child |
| Leaders, the Program Staff, and liability as to any right of action | y release Oklahoma State University all other officers, directors, employ that may accrue to my heirs or representicipating and/or traveling to or from | ees, volunteers and age esentatives for any injur | ents (hereaft y to my Chi | ter "OSU") from any and a ld or loss that my Child ma |
| my behalf. I hereby hold harmle out of or resulting from said med | rious illness, I hereby authorize repress and agree to indemnify OSU from dical treatment. I further agree to accumy injuries to my Child that may occu | any claims, causes of a ept full responsibility for | ction, dama any and all | ges and/or liabilities, arising expenses, including medica |
| this RELEASE, or arising out of a | by and construed under the laws of C ny injury, death, damage or loss as a punty, Oklahoma. | result of my Child's p | | |
| and not a mere recital. The opportunity to read this docum substantial rights (including my by my signature to provide a | e agreement between the parties to information I have provided is disent and I understand and agree to a right to sue), and acknowledge that complete and unconditional releasintended to bind not only myself asyself and my Child. | sclosed accurately and Il of its terms and cond : I am signing this docu ie of all liability to the | truthfully. itions. I und ment freely greatest e | I have been given amplo erstand that I am giving up and voluntarily, and intend extent allowed by law. Mo |
| Participant Name | Parent | t/Guardian Name | | |
| Participant Signature | Paren | t/Guardian Signature | | |
| Date | Date | | | |