## FORM C -- RELEASE FOR THE UNIVERSITY OF OKLAHOMA (UNIVERSITY EVENTS)

On this	day of	, 20,	, I certify that I am the L	egal Representative of	
		(Youth's Nam	ne), hereinafter ("Youth	n"), of	(Home
Town),	(State), an	nd I have full auth	ority to and do give pe	ermission for Youth to	participate in
			(name of the event)	), hereinafter ("the Even	t"), to be held
at the Unive	ersity of Oklahor	na hereinafter ("the	University").		
advised at the abide by all established or any other explained same behavior Yomisconduct,	he time of the E I University and by the Event may r contract right waid rules to Yout immediately outh experiences harassment or	vent, and as publish Event rules and p y result in Youth's in upon removal. I cert h. I understand and of any injuries You assault occur, I were assault occur, I were a second of any injuries occur.	at I have read the University's red on the University's relations. Failure to compound that I have read and agree to notify the Even uth sustains as a result ent. I also understand a will immediate report of the University's Sexual	websites, and understand ply with these rules or the Event. I waive any cld understand the Event at supervisor of the Event and of any and agree that if any is those to both the Event.	and agree to any other rule laim for refund rules and have a y inappropriate sues of sexual ent supervisor
understand the Event. Tassign, transtelevision not Youth and to a part of the	that as a particip Therefore, withous fer and grant to etworks, and all o utilize such vice	ant at the Event, You at reservation or limit of The University of other commercial ex- deotapes and photographics	often produces promoticuth may be included in vitations, I, in my own bel Oklahoma, its successorabilitors the exclusive rigraphs and Youth's name, the Event or in advertising	videotapes or photograph half and on behalf of the ors, assignees, licensees, ght to photograph and/or , face likeness, voice and	hs taken during Youth, hereby, sponsors, any r videotape the d appearance as
Event, the Uto administer for the Your any and all medical con	Iniversity and its er the use of an eath while the You costs associated	s agents, representation agents, representation agents, representation agents a	guardian of the Youth, I ives and employees to so id or to ensure that med at the Event held at the U ation and treatment. I coallergies, that I have specified	ecure emergency medical lications have been taken University and that I am a certify that if my child h	al treatment, or n as prescribed responsible for nas any special
and times. S	Should I fail to ti	mely pick-up the Yo for pick-up. Failure	pick-up and drop-off the outh at the designated are to timely pick-up the Yo	ea, I understand he/she w	vill be taken to

Release and Waiver. I, for and on behalf of the Youth, myself, my and Youth's personal representatives, heirs, assigns and next-of-kin, hereby release, waive, forever discharge, indemnify and covenant not to sue the Board of Regents of the University of Oklahoma, its officers, members, employees, volunteers, agents and representatives for any and all loss, damages, claim, demand, action or right of action, arising from or by reason of any injury resulting or to result from participation in the Event. I, for and on behalf of the Youth, myself, my and Youth's personal representatives, heirs, assigns and next-of-kin, agree to hold harmless, defend and indemnify, for any and all loss, damages, claim, demand, action or right of action, arising from or by reason of any injury resulting or to result from participation in the Event. This contains the entire agreement between the parties hereto and all terms are contractual and not a mere recital. I further state that Youth and I have each carefully read the foregoing Release and Acknowledgement as his/her own free and voluntary act. I am at least eighteen years of age and sign this Release and Waiver voluntarily.

Parent/Guardian Printed Name	Relationship			
Signature	Date			
Event Name:				
Address of Parent and/or Legal Guar	dian:			
City	State	Zip		
Home Phone:	Work Phone:			
Cell Phone:	Email addre	ess:		
Emergency Contact other than paren	t or guardian if they cannot	be reached:		
Contact				
Phone				
Any questions regarding this form sh	ould be directed to the Head	d Supervisor		
at				