FORM I- THIRD PARTY – VIRTUAL PROGRAM RELEASE FORM

On this day of	, 20, I certify that I am the Legal	
Representative of		, (Youth's Name)
hereinafter ("Youth"), ofauthority to and do give permission for Yo	(Home Town),	
participate in sponsored by the University of Oklahoma	(name of the virtual evaluation ("the University").	vent), hereinafter ("the Event")
Notification. I understand and agree to notify the Event (mmediately of any injuries You Youth experiences related to the hiversity Virtual Programs for You the virtual program and have the soft sexual misconduct, harassnut supervisor	Event. I certify that I have read ouths Protocols as well as any explained said rules to Youth. I nent or assault occur, I will at () -
Multimedia Communication Authorization offered on the ZOOM or similar platform implemented. I consent to Youth participal described herein. As described in the University supervisors/online teachers are not permittenails to Youth. However, Group message viewable by all Youths and their parents of to provide necessary communications to Youth they must copy Youth's Parent(s) or Lega Guardians must provide current phone number communications. Initials:	and the use of multimedia commuting on the ZOOM or similar playersity's Virtual Programs for Y ted to send private direct messages and posts regarding the Eventry guardians. In order for the Eventry for the may text or email for all Guardian(s). In order to complete	nunications will be atform under the conditions ouths Protocols, Event ges, texts, chats, or personal t are acceptable and must be ent supervisors/online teachers program purposes only, and ly Parents and/or Legal
Release and Waiver. I, for and on behalf heirs, assigns and next-of-kin, hereby release the Board of Regents of the University agents and representatives for any and all from or by reason of any injury resulting of Youth, myself, my and Youth's personal harmless, defend and indemnify, for any a arising from or by reason of any injury resulting for the entire agreement between the parties he further state that Youth and I have each call his/her own free and voluntary act. I am at voluntarily.	ase, waive, forever discharge, in y of Oklahoma, its officers, men loss, damages, claim, demand, a or to result from participation in al representatives, heirs, assigns and all loss, damages, claim, den sulting or to result from participatereto and all terms are contracturefully read the foregoing Relea	ademnify and covenant not to abers, employees, volunteers, action or right of action, arising the Event. I, for and on behalf and next-of-kin, agree to hold mand, action or right of action, action in the Event. This contains hal and not a mere recital. I hase and Acknowledgement as
Parent/Guardian (Printed Name)	/	
	/	
Signature	Date	

Address, Phone number and Email of Parent and/or Legal Guardian:

City	State	Zip
Cell Phone:		
Email address:		
Participant Cell Phone:		
Participant Email address:		
Emergency Contact other tha	nn parent or guardian if they cann	ot be reached:
Contact		
Any questions regarding this fo	orm should be directed to the Head S	Supervisor
	at	-