

RELEASE FOR THE UNIVERSITY OF OKLAHOMA

| (Minor's Name) (Home Town) (State), and I have full authority to and do give permission for Minor to participate in the OU WELLNESS FUN RU to be held at the University of Oklahoma ("the University"). University and Event Rules. I acknowledge that I have read the University's rules stated herein or as otherwise advised at the time of the the University's websites, http://www.ou.edu/content/studentconduct/policies.html and http://www.ou.edu/content/studentconduct/policies.html and http://www.ou.edu/content/studentconduct/policies.html and http://www.ou.edu/content/studentconduct/policies.html and http://www.ou.edu/content/studentconduct/policies.html and http://www.ou.edu/content/studentconduct/policies.html and http://www.ou.edu/content/studentconduct/policies.html Initials: I understand and agree tha was a result of the Event and of any inappropriate behavior Minor experiences related to the Event. I also understand and agree tha misconduct, harassment or assault occur, I will immediately report those to both the Event supervisor, LeQui Raymond, at 405-325-3053 at Misconduct Officer at 405-325-2215 or http://www.ou.edu/content/eoo/policies.html . Initials: Talent Release. I understand that the University often produces promotional material relating to its programs. I understand that as a particle be included in videotapes or photographs taken during the Event. Therefore, without reservation or limitations, I, in my own behalf and assign, transfer and grant to The University of Oklahoma, its outsiles such videotapes and photographs and Minor's name, face likeness, of the Event, in advertising and promoting the Event or in advertising and promoting similar future events at no ch | e Event, and as published on es.html, and understand and t may result in Minor's understand the Event rules and y of any injuries Minor at if any issues of sexual and the University's Sexual cipant at the Event, Minor ma on behalf of the Minor, herebother commercial exhibitors the |
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| to be held at the University of Oklahoma ("the University"). **University and Event Rules**. I acknowledge that I have read the University's rules stated herein or as otherwise advised at the time of the the University's websites, http://www.ou.edu/content/eoo/policies-procedure agree to abide by all University and Event rules and policies. Failure to comply with these rules or any other rule established by the Event immediate removal from the Event. I waive any claim for refund or any other contract right upon removal. I certify that I have read and uhave explained said rules to Minor. I understand and agree to notify the Event supervisor, LeQui Raymond, at 405-325-3053 immediately sustains as a result of the Event and of any inappropriate behavior Minor experiences related to the Event. I also understand and agree tha misconduct, harassment or assault occur, I will immediately report those to both the Event supervisor, LeQui Raymond, at 405-325-3053 a Misconduct Officer at 405-325-2215 or http://www.ou.edu/content/eoo/policies.html . Initials: **Talent Release**. I understand that the University often produces promotional material relating to its programs. I understand that as a partic be included in videotapes or photographs taken during the Event. Therefore, without reservation or limitations, I, in my own behalf and cassign, transfer and grant to The University of Oklahoma, its successors, assignees, licensees, sponsors, any television networks, and all o exclusive right to photograph and/or videotape the Minor and to utilize such videotapes and photographs and Minor's name, face likeness, of the Event, in advertising and promoting the Event or in advertising and promoting similar future events at no charge. Initials: **Medical Authorization**. As parent and/or legal guardian of Minor, I hereby give consent and authorize said Event, the University and employees to secure emergenc | e Event, and as published on es.html, and understand and t may result in Minor's understand the Event rules and y of any injuries Minor at if any issues of sexual and the University's Sexual cipant at the Event, Minor ma on behalf of the Minor, herebother commercial exhibitors the |
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| | am responsible for any and a |
| Transportation. I certify and agree that I am to pick-up and drop-off Minor only at the designated places and times. Should I fail to timely parea, I understand he/she will be taken to OUPD for pick-up. Failure to timely pick-up Minor may result in his/her immediate withdrawal f | |
| discharge, indemnify and covenant not to sue the Board of Regents of the University of Oklahoma, its officers, members, employees, volunted 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 part on behalf of Minor, myself, my and Minor's personal representatives, heirs, assigns and next-of-kin, agree to hold harmless, defend closs, damages, claim, demand, action or right of action, arising from or by reason of any injury resulting or to result from participation is entire agreement between the parties hereto and all terms are contractual and not a mere recital. I further state that Minor and I have each 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 | participation in the Event. I, for and indemnify, for any and a in the Event. This contains the ch carefully read the foregoin |
| / | |
| Parent/Guardian Printed Name Relationship Signature Date | |
| School/Squad Name (if applicable) | |
| Address of Parent and/or Legal Guardian: | |
| | |
| Home Phone: Work Phone: | |
| Cell Phone: Email address: | |
| Emergency Contact other than parent or guardian if they cannot be reached: | |
| Contact | |
| Phone | |

 $Any \ questions \ regarding \ this \ form \ should \ be \ directed \ to \ the \ Head \ Supervisor, \ LeQui \ Raymond, \ at \ \underline{LRaymond@ou.edu} \ or \ 405-325-3053.$