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

On this	day of	, 20, I	certify that I am the Legal Repres	sentative of
		(Youth's Name)	, hereinafter ("Youth"), of	(Home
Town),	(State), and I	have full authori	ity to and do give permission f	or Youth to participate in
	Club Scrubs		(name of the event), hereinafte	er ("the Event"), to be held
at the Univ	versity of Oklahoma he	reinafter ("the Un	niversity").	
advised at abide by a established or any othe explained s 918-660-8 behavior Y misconduct Kylie H	the time of the Event, all University and Eve by the Event may resuler contract right upon said rules to Youth. I usuals immediately of a Youth experiences relat, harassment or assa	and as published nt rules and policitin Youth's immoremoval. I certify nderstand and agony injuries Youth ted to the Event pult occur, I will 1660-8365 and the control of	have read the University's rules of on the University's websites, a cies. Failure to comply with the nediate removal from the Event. It yethat I have read and understanaree to notify the Event supervisor a sustains as a result of the Event. I also understand and agree the University's Sexual Misconducture.	nd understand and agree to ese rules or any other rule waive any claim for refund the Event rules and have r Kylie Hendricks are and of any inappropriate that if any issues of sexual both the Event supervisor
understand the Event.' assign, tran television r Youth and a part of the	that as a participant at Therefore, without resonsfer and grant to The networks, and all other to utilize such videotap	the Event, Youth ervation or limitat University of O commercial exhi- bes and photograp	ften produces promotional materia may be included in videotapes of tions, I, in my own behalf and on klahoma, its successors, assigned bitors the exclusive right to photohs and Youth's name, face likened e Event or in advertising and produces.	or photographs taken during behalf of the Youth, hereby es, licensees, sponsors, any ograph and/or videotape the ess, voice and appearance as
Event, the to administ for the You any and al medical co	University and its ager ter the use of an epi-pe uth while the Youth is I costs associated with	nts, representative en, basic first aid in attendance at to the transportation food or other allo	ardian of the Youth, I hereby give es and employees to secure emerg or to ensure that medications has the Event held at the University a con and treatment. I certify that it ergies, that I have specifically cor	gency medical treatment, or ve been taken as prescribed and that I am responsible for if my child has any special
and times.	Should I fail to timely	pick-up the Yout ck-up. Failure to	ck-up and drop-off the Youth onl h at the designated area, I underst timely pick-up the Youth may re	tand he/she will 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 address:			
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				