

ASSUMPTION OF RISK AND RELEASE

I acknowledge that I am a student in the University of Oklahoma, Department of Biology (hereinafter the "Department"). I am a participant in a class that includes a field study trip (hereinafter "Activities" or "Events"). I desire to participate in all aspects of this Event, including but not limited to the following Activities sponsored by the Board of Regents for the University of Oklahoma by and through the Department:

1. Field travel to the following field sites or general areas: _____

2. Study, capture, or survey of the following general kinds of animals: _____

I recognize that this field trip includes the risk of travel in vehicles, and any special or unique hazards associated with the planned activity, including: _____

I recognize that for any field trip there are inherent risks and hazards directly or inherently involved, such as vehicle travel or physical activities within outdoors field sites. With full knowledge of the facts and circumstances surrounding these Activities, I voluntarily undertake these Activities and assume all responsibility and risk from my participation in these Activities, including all risk of loss of limb or life, property damage, injury to others, and other hazards to me.

I understand that the University of Oklahoma does not insure students and strongly recommends that all students obtain their own health insurance as necessary to provide for and pay any medical costs that may directly or indirectly result from participation in these Activities.

I assure the University of Oklahoma that there are no health-related reasons or problems which preclude or restrict my participation in these Activities. I further assure the University that I shall abide by all rules, policies and regulations associated with the Activity and/or requested of me by the University.

To the extent permitted by law, I release the University of Oklahoma from any liability whatsoever arising out of my participation in these Activities, including but not limited to, any damage to my property or the property of others and injury to me or to others, including loss of limb or life or to others through my participation in these Activities.

The foregoing is submitted in consideration of the University of Oklahoma allowing my participation in these Activities. I execute this document with full knowledge of the contents and consequences stated in this Release.

Student

Witness

(name)

(name)

(signature and date)

(signature and date)

(Course Number)

Fall _____ Spring _____
(Year) (Year)

Version of 3 October 2012