ASSUMPTION OF RISK AND RELEASE

I acknowledge that Participant, _____ (name of individual), would like to participant in _____(Activities). I further represent and warrant that I am his/her legal guardian and am eighteen or older and am competent to enter into this Assumption of Risk and Release.

I recognize that there are inherent risks and hazards directly or inherently involved, making this a dangerous activity with the potential to cause loss of limb or life. With full knowledge of the facts and circumstances surrounding these Activities, I voluntary grant my permission for Participant to undertake these Activities and I assume all responsibility and risk for Participant's participation in these Activities, including all risk of loss of limb or life, property damage, injury to others, and other hazards to myself. These Activities include, but are not limited to,

1.
2.
3.
4.
5.

I assure officials of the University of Oklahoma that Participant has adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from his/her participation in these Activities and that I will indemnify and hold the University and its affiliates harmless.

I assure the University of Oklahoma that there are no health-related reasons or problems, which preclude or restrict Participant's participation in these Activities.

I release the University of Oklahoma from any liability whatsoever arising out of Participant's participation in these Activities, including but not limited to, any damage to Participant's property or the property of others and injury to Participant or to others, including loss of limb or life or to others through Participant's participation in these Activities.

The foregoing is submitted for the good and valuable consideration of the University of Oklahoma allowing Participant's participation in these Activities, adequacy of which is hereby acknowledged. I execute this document with full knowledge of the contents and consequences stated in this Release.

Participant

_____
(print name)

_____
(signature and date)