

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

On this _____ day of _____, 20____, I certify that I am the Legal Representative of _____ (Youth's Name), hereinafter ("Youth"), of _____ (Home Town), _____ (State), and I have full authority to and do give permission for Youth to participate in _____ **Club Scrubs** _____ (name of the event), hereinafter ("the Event"), to be held at the University of Oklahoma hereinafter ("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 Event, and as published on the University's websites, and understand and 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 may result in Youth's 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 understand the Event rules and have explained said rules to Youth. I understand and agree to notify the Event supervisor **Lauren Johnson** at **405-205-1740** immediately of any injuries Youth sustains as a result of the Event and of any inappropriate behavior Youth experiences related to the Event. I also understand and agree that if any issues of sexual misconduct, harassment or assault occur, I will immediate report those to both the Event supervisor **Lauren Johnson** at **405-205-1740** and the University's Sexual Misconduct Officer at 405-325-2215 or <https://www.ou.edu/eoo/reporting>. Initials: _____

Talent Release. I understand that the University often produces promotional material relating to its programs. I understand that as a participant at the Event, Youth may be included in videotapes or photographs taken during the Event. Therefore, without reservation or limitations, I, in my own behalf and on behalf of the Youth, hereby assign, transfer and grant to The University of Oklahoma, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape the Youth and to utilize such videotapes and photographs and Youth's name, face likeness, voice and appearance as a part 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 the Youth, I hereby give consent and authorize said Event, the University and its agents, representatives and employees to secure emergency medical treatment, or to administer the use of an epi-pen, basic first aid or to ensure that medications have been taken as prescribed for the Youth while the Youth is in attendance at the Event held at the University and that I am responsible for any and all costs associated with the transportation and treatment. I certify that if my child has any special medical considerations, including food or other allergies, that I have specifically communicated those in writing to the Event supervisor. Initials: _____

Transportation. I certify and agree that I am to pick-up and drop-off the Youth only at the designated places and times. Should I fail to timely pick-up the Youth at the designated area, I understand he/she will be taken to _____ for pick-up. Failure to timely pick-up the Youth may result in his/her immediate withdrawal from the Event. Initials: _____

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: Club Scrubs

Address of Parent and/or Legal Guardian:

City State Zip

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 Lauren Johnson
at Lauren-Johnson-1@ouhsc.edu.

Please make sure both pages of this form are filled out completely.