

ATTACHMENT D- RELEASE FOR THE UNIVERSITY OF OKLAHOMA (THIRD PARTY)

On this ____ day of _____, 20____, I certify that I am the Legal Representative of _____,
(Minor's Name)

hereinafter ("Minor"), of _____, _____, and I have full authority to and do give permission for Minor
(Home Town) (State)

to participate in _____, hereinafter ("the Event"), sponsored and hosted by
(name of event)
_____ to be held at the University of Oklahoma ("the University") Norman campus.
(name of entity)

Notification. I understand and agree to notify the Associate Director Garry Armstrong at 405-325-3053 immediately of any injuries Minor sustains as a result of the Event and of any inappropriate behavior Minor experiences related to the Event. I also understand and agree that if any issues of sexual misconduct, harassment or assault occur, I will immediately report those to both the Associate Director Garry Armstrong at 405-325-3053 and the University's Sexual Misconduct Officer at 405-325-2215 or www.ou.edu/home/misc.html. Initials: _____

Release and Waiver. I, for and on behalf of Minor, myself, my and Minor'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 Minor, myself, my and Minor'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 Minor 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

School/Squad Name (if applicable)

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 Garry Armstrong at 405-325-3053.