

**University of Oklahoma (Health Sciences Center Campus) Sponsored Trip/Activity
VOLUNTARY ASSUMPTION OF RISK and INFORMED CONSENT**

Name of Trip/Activity: College of Nursing Student Organization Activities

The University of Oklahoma Health Sciences Center is a state educational institution. References to the University of Oklahoma include its Board of Regents, officers, agents, faculty, employees, volunteers, students, and HSC administrative organizations (HSC Student Association Executive Branch, HSC Student Senate, HSC Campus Activities Board, HSC College Executive/Student Councils and HSC Class Executive/Student Councils).

I [*print your name*] _____ freely choose to participate in the above-named University of Oklahoma Health Sciences Center Trip/Activity, which may include the following activities:

Activities scheduled by the College of Nursing Student Nurses Associations

For a trip to a rural or remote location, I understand that it may take 48 hours or more to arrive at a medical facility, transportation to which may be by boat or on foot. I accept the increased risk that such isolation may pose in the event of injury.

I understand that it is my responsibility to acquire and use activity-appropriate and/or required equipment and protection. I agree to reduce the risk of injury to myself and others by following applicable rules and procedures, by limiting my participation to reflect my personal fitness level and by notifying the activity coordinator immediately if I do not believe I can safely continue in the activity. I agree that if I fail to act in accordance with this agreement I may not be permitted to continue in the activity.

MEDICAL TREATMENT AUTHORIZATION

_____ (Initial) I authorize the University of Oklahoma to act on my behalf in any medical emergency.

Despite precautions, accidents and injuries can and do occur. I understand that participation in some of the activities of the University of Oklahoma Health Sciences Center Trip/Activity may be dangerous and that I may be injured and/or lose or damage personal property as a result of participation in the Trip. Therefore **I ASSUME ALL RISKS RELATED TO THE ACTIVITIES** including death, injury, illness or loss from accidents, theft of or damage to personal belongings.

My signature below indicates that I have read, understand, and freely signed this agreement.

******* IMPORTANT *******
READ ENTIRE AGREEMENT BEFORE SIGNING

Printed Name: _____ *If participant is under age 18:*

Signature: _____ Parent's Printed Name: _____

Date: _____ DOB: _____ Parent's Signature _____

Address: _____ Parent's Address _____

Phone(s) _____ Parent's Phone(s) _____

**University of Oklahoma Health Sciences Center Campus
WAIVER and RELEASE of LIABILITY for OFF CAMPUS**

This is a legal and binding agreement which, when signed, will permanently limit your ability to recover from the University for injuries or losses you may cause or sustain as a result of participation in off-campus activities.

The University of Oklahoma Health Sciences Center is a state educational institution. References to the University of Oklahoma Health Sciences Center include its Board of Regents, officers, agents, faculty, employees, volunteers, students, HSC Student Association and administrative organizations.

I [*print your name*] _____ freely choose to participate in the University of Oklahoma Health Sciences Center Trip/Activity (*name*) _____, which may include the following activities:

College of Nursing Student Nurses

Associations activities

I understand that the University of Oklahoma Health Sciences Center is not an agent of and has no responsibility for any third party that may provide services including food, lodging, travel, or equipment. The University of Oklahoma Health Sciences Center has not reviewed the qualifications of the Activity organizer or sponsor, and does not endorse or sponsor the program or its safety or quality.

I agree to inform myself about the potential dangers of the area I am traveling to and precautions I should take, including reviewing the State Department Consular Travel Information at <http://www.travel.state.gov> and the Centers for Disease Control Travelers Information at <http://www.cdc.gov/travel/> for health and immunization information, and any other information that the Activity organizer, sponsor or the University may provide.

Despite precautions, accidents and injuries can and will occur. I understand that the Activity and transportation may be dangerous and that I may be injured and/or lose or damage personal property as a result of participation in the Activity. Therefore, **I FULLY AND COMPLETELY ASSUME ALL RISKS RELATED TO THE ACTIVITIES** including death, injury, illness or loss from accidents, theft of or damage to personal belongings.

Medical Treatment Authorization

(Initial) I authorize the University of Oklahoma to act on my behalf in any medical emergency.

**Release from Liability, Indemnification Agreement
and Covenant Not to Sue**

To the fullest extent permitted by law, on behalf of myself, my spouse, heirs, representatives, executors, administrators and assigns, I agree to forever RELEASE, INDEMNIFY, HOLD HARMLESS and COVENANT NOT TO SUE the University of Oklahoma from any cause of action, claim, or demand, including one related to bodily injury, property damage, death or accident arising out of or related to my participation in the Activity.

I assure the University of Oklahoma Health Sciences Center that I have adequate health insurance to provide for any medical needs or costs that may result from my participation in the Activity.

My signature below indicates that I have read, understood, and freely signed this agreement, which shall take effect as a sealed instrument. I further certify that my date of birth is _____ (month/day/year), and that my present age is _____, and that I am otherwise legally competent to sign this agreement.

This agreement shall be construed and enforced in accordance with the laws of the State of Oklahoma, and I consent to the jurisdiction of this state. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted and that if any portion is held invalid, the remainder shall continue in full legal force and effect.

****** IMPORTANT! ****
READ ENTIRE AGREEMENT BEFORE SIGNING**

Printed Name: _____

Signature: _____

Date: _____

Address: _____

Phone(s): _____

If participant under age 18:

Parent's Printed Name: _____

Parent's Signature: _____

Date: _____

Address: _____

Phone(s): _____

**University of Oklahoma Health Sciences Center Campus
 WAIVER and RELEASE of LIABILITY for ACTIVITIES ON CAMPUS**

This is a legal and binding agreement which, when signed, will permanently limit your ability to recover from the University of Oklahoma Health Sciences Center ("University of Oklahoma" or "University") for injuries or losses you may cause or sustain as a result of participation in on-campus activities.

The University of Oklahoma is a state educational institution. References to the University of Oklahoma include its Board of Regents, officers, agents, faculty, employees, volunteers, students, and administrative organizations.

I [print your name] _____
 freely choose to participate in
 the _____ (student organization)
 Trip/Activity (name) _____,
 which may include
 the following activities:

College of Nursing Student Nurses
Association activities

I understand that the University of Oklahoma is not an agent of and has no responsibility for any third party that may provide services including food, lodging, travel, or equipment. The University of Oklahoma has not reviewed the qualifications of the Activity organizer or sponsor, and does not endorse or sponsor the program or its safety or quality.

Despite precautions, accidents and injuries can and will occur. I understand that the Activity and transportation may be dangerous and that I may be injured and/or lose or damage personal property as a result of participation in the Activity. Therefore, **I FULLY AND COMPLETELY ASSUME ALL RISKS RELATED TO THE ACTIVITIES** including death, injury, illness or loss from accidents, theft of or damage to personal belongings.

<p>Medical Treatment Authorization</p> <p>_____ (Initial) I authorize the University of Oklahoma to act on my behalf in any medical emergency.</p>

<p>Release from Liability, Indemnification Agreement and Covenant Not to Sue</p>
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To the fullest extent permitted by law, on behalf of myself, my spouse, heirs, representatives, executors, administrators and assigns, I agree to forever RELEASE, INDEMNIFY, HOLD HARMLESS and COVENANT NOT TO SUE the University of Oklahoma from any cause of action, claim, or demand, including one related to bodily injury, property damage, death or accident arising out of or related to my participation in the Activity.

I assure the University of Oklahoma that I have adequate health insurance to provide for any medical needs or costs that may result from my participation in the Activity.

My signature below indicates that I have read, understood, and freely signed this agreement, which shall take effect as a sealed instrument. I further certify that my date of birth is _____ (month/day/year), and that my present age is _____, and that I am otherwise legally competent to sign this agreement.

This agreement shall be construed and enforced in accordance with the laws of the State of Oklahoma, and I consent to the jurisdiction of this state. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted and that if any portion is held invalid, the remainder shall continue in full legal force and effect.

<p>*** IMPORTANT! *** READ ENTIRE AGREEMENT BEFORE SIGNING</p>
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Printed Name: _____

Signature: _____

Date: _____

Address: _____

Phone(s): _____

If participant under age 18:

Parent's Printed Name: _____

Parent's Signature: _____

Date: _____

Address: _____

Phone(s): _____