

2014 OU Confucius Institute Chinese Language Camp Parent Consent Form



美国俄克拉荷马大学孔子学院

CONFUCIUS INSTITUTE AT THE UNIVERSITY OF OKLAHOMA

IN PARTNERSHIP WITH BEIJING NORMAL UNIVERSITY

Confucius Institute at the University of Oklahoma
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CONSENT, RELEASE AND INDEMNIFICATION AGREEMENT

FOR MINORS

The University of Oklahoma

PARTICIPANT: (Name and Address)

DESCRIPTION OF ACTIVITY: Participate in 2014 OU Confucius Institute Chinese Language Summer Camp

LOCATION: Norman, OK

DATE(s): July 7, 2014 — July 18, 2014

I am the Parent/Guardian of the above-named Participant, who is under eighteen years of age, and I am fully competent to sign this Agreement.

I give permission for Participant to participate in the above-referenced Activity. I acknowledge that the nature of the Activity may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks. I confirm that Participant is in good health and able to meet the physical demands of the Activity.

In consideration of Participant being permitted to participate in the Activity, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby covenant not to sue and release, waive and discharge the University of Oklahoma, its governing board, officers, employees and representatives (collectively, "Releasees") from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all liability for claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from, be connected with or occur during Participant's participation in the Activity, whether caused by Releasees' negligence or otherwise.

I agree to indemnify the Releasees from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity.

I grant Releasees permission to authorize emergency medical treatment of Participant, if deemed necessary by Releasees. I understand the University has no medical personnel available at and during the course of

the Activity and assumes no responsibility for any injury in connection with such authorized emergency medical treatment.

I grant to Releasees, in perpetuity, the unqualified right to record Participant's name, likeness, voice and performance on any recording medium such as videotape, digital imaging, or photograph, for use by University for promotional purposes. I waive and release any rights of privacy and/or publicity and/or damages that Participant might have or sustain in the recordings and their use and for any compensation therefore.

This Agreement shall be construed in accordance with the laws of the State of Oklahoma without reference to its choice of law provisions.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE: (1) A CONSENT FOR MINOR TO PARTICIPATE IN THE ACTIVITY, TO AUTHORIZE EMERGENCY MEDICAL TREATMENT, IF DEEMED NECESSARY BY RELEASEES AND TO USE PARTICIPANT'S LIKENESS FOR PROMOTIONAL PURPOSES; (2) A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS AS A RESULT OF PARTICIPATING IN THE DESCRIBED ACTIVITY; (3) AN AGREEMENT NOT TO SUE THE RELEASEES; AND (4) AN OBLIGATION TO INDEMNIFY THE RELEASEES FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISION.

Signature of Parent or Guardian

Date _____

Address, if different than Participant's

Witness

Date _____

Witness's printed name