

Fall 2016 OUCI Wu Shu Class for Kids
RELEASE FOR THE UNIVERSITY OF OKLAHOMA

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 to participate
 (Home Town) (State)
in ___ Wu Shu Class _____, hereinafter ("the Event"), to be held at the University of Oklahoma ("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, www.judicial.ou.edu and www.ou.edu/home/misc.html, 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 Minor'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 Minor. I understand and agree to notify the Event supervisor **Sharon Gou** at **405-325-0208** 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 Event supervisor **Sharon Gou** at **405-325-0208** and the University's Sexual Misconduct Officer at 405-325-2215 or www.ou.edu/home/misc.html. 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, Minor 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 Minor, 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 Minor and to utilize such videotapes and photographs and Minor'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 Minor, I hereby give consent and authorize said Event, the University and its agents, representatives and employees to secure emergency medical treatment for Minor while Minor 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, I have communicated those in writing to the Event supervisor. 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