



MEDICAL WAIVER

2019

ALL CAMPERS MUST COMPLETE THIS FORM AND BRING IT TO CAMP CHECK-IN. (DO NOT MAIL FORM.) THIS FORM CONTAINS TWO PAGES. CAMPERS WILL BE PERMITTED TO PARTICIPATE IN CAMP ONLY AFTER BOTH PAGES HAVE BEEN COMPLETED, SIGNED BY A PARENT/GUARDIAN AND CAMPER, AND REQUIRED ITEMS HAVE BEEN SUBMITTED.

CAMPER INFORMATION:

Camper Name (Last) (First) (Middle)

Please check the camp attending:

- | | |
|--|--|
| <input type="checkbox"/> High School Elite Camp I: June 1 (Grades 10-12) | <input type="checkbox"/> Youth Camp II: June 5 (Grades 3-6) |
| <input type="checkbox"/> Mid-High Camp: June 1/2 (Grades 7-9) | <input type="checkbox"/> Specialist Academy: June 6 (Grades 9-12) |
| <input type="checkbox"/> Lineman Academy (OL/DL): June 3 (Grades 9-12) | <input type="checkbox"/> Men's Fantasy Camp: June 7-8 (Ages 21 & Up) |
| <input type="checkbox"/> Youth Camp I: June 4 (Grades 3-6) | |

PHYSICAL OR PHYSICIAN'S CONSENT FOR PARTICIPATION:

Each camper is **REQUIRED** to provide ONE of the following (please check which requirement you are providing):

a copy of the camper's physical dated after June 2018, stapled to this form. (The physical must be dated within one year prior to the start of camp.) Please do not bring the original physical as we must keep a copy for our records.

OR

a physician's signature releasing the camper to participate in camp activities (in the space provided below).

Physician's Consent: I hereby certify that the camper (named above) has no restrictions which would prevent him from active and full participation in any and all activities related to this camp.

Physician's Signature

Date

Phone #

RELEASE FOR THE UNIVERSITY OF OKLAHOMA MINOR'S RELEASE AND ACKNOWLEDGEMENT OF RULES AND GUIDELINES

This Release is executed and acknowledged on the _____ of _____
(Date) (Minor's Name) (City, State)

herein after referred to as "Releasor" or "Minor" for good and valuable consideration does for himself/herself and personal representatives, heirs, assigns and next-of-kin, and on behalf of Minor, 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, hereinafter collectively referred to as "Releasees," and agrees to hold harmless, defend and indemnify the same, for any and all loss, damages, claim, demand, action or right of action of whatsoever kind of nature, either in law or in equity, arising from or by reason of any personal injury, known or unknown, death and/or property damage resulting or to result from participation in the Lincoln Riley Football Camp on the University of Oklahoma Norman campus whether sponsored by The University of Oklahoma or a third party (collectively referred to as the "Activity," "Program," or "Camp").¹

I know the nature of the Activity and the Minor's experience and capabilities and consider Minor to be qualified to participate in the Activity. However, I acknowledge that there are certain risks of physical injury or illness associated with the Activity. Further, I recognize and acknowledge the potential risks and dangers involved in such an Activity and its related activities including travel and transportation associated with the Activity and any related field trips and other Program activities which may include personal injury, death, and/or property damage. I acknowledge and hereby state that Minor's participation in this Activity is entered into as a free and voluntary act and is in no way connected with any course credit or requirements of the Releasees. I acknowledge that I have read the OU rules stated herein or as otherwise advised at the time of the Activity, 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 Activity rules and policies. Failure to comply with these rules or any other rule established by the Camp/Activity may result in Minor's immediate removal from the camp/activity. I waive any claim for refund or any other contract right upon removal.

I recognize that the Releasees do not assume responsibility or liability for - including costs and attorney's fees - any accident or injury or damage resulting from any aspect of participating in the Activity. The Releasees are not liable for any special, incidental, or consequential damages arising out of or in connection with any aspect of participation in the Activity.

This Release contains the entire agreement between the parties hereto and the terms of this Release are contractual and not a mere recital. Releasor further states that s/he has carefully read the foregoing Release and Acknowledgement as his/her own free and voluntary act.

I understand that The University of Oklahoma, from time to time, produces promotional material relating to its programs. I understand that as a participant and/or a spectator at the Camp/Activity Minor may be included in videotapes or photographs taken during the Camp/Activity. 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 Camp/Activity, in advertising and promoting the Camp/Activity or in advertising and promoting similar future events at no charge.

I hereby certify that I am the parent and/or guardian of said Minor and that the above and foregoing matter has been fully explained to me and Minor, and I, for and on behalf of said Minor, do hereby release all liability, indemnify and covenant not to sue as set forth in the body of the RELEASE above, with the same force and effect as if executed by me. Further, as parent and/or legal guardian of said Minor, I hereby give consent and authorize said Program, the University of Oklahoma and its agents, representatives and employees to secure emergency medical treatment for said Minor while said Minor is in attendance at said Program conducted by The University of Oklahoma and that I am responsible for any and all costs associated with the transportation and treatment.

I certify that I have read and understand the Activity rules and have explained said rules to Minor. I understand and agree to notify the Camp supervisor Annie Hanson at (405) 208-9505 immediately of any injuries sustained by Minor as a result of the Activity and of any inappropriate behavior experienced by Minor related to the Activity. I also understand and agree that should any issues of sexual misconduct, harassment or assault occur, I will immediately report those to both the Camp supervisor Annie Hanson at (405) 208-9505, as well as the University's Sexual Misconduct Officer at 405-325-2215, www.ou.edu/home/misc.html.

I certify and agree that I am to pick-up and drop-off Minor only at the designated places and times. Should I fail to timely pick-up Minor at the designated area, I understand he/she will be taken to the Barry Switzer Center for pick-up. Failure to timely pick-up Minor may result in his/her immediate withdrawal from the Activity.

I certify that if my child has any special medical considerations, including food or other allergies, I have communicated those in writing to the Camp/Activity supervisor.

I understand that by signing this document, I give up substantial rights that I or the Minor would otherwise have to recover damages for any loss occasioned by Releasees' fault, and I sign it voluntarily and without inducement.

Parent/Guardian Signature

Camper Signature

Date

¹ Notwithstanding any other provision of this Release, the parties acknowledge that the Lincoln Riley Football Camp is not owned, operated or sponsored by the University of Oklahoma.



MEDICAL WAIVER ADDENDUM

2019

I AM THE PARENT OF _____ . I ACKNOWLEDGE THAT I HAVE NOT PROVIDED A
(Minor's Name)

PHYSICAL OR PHYSICIAN'S SIGNATURE AS REQUIRED BY THE MEDICAL WAIVER FOR THE LINCOLN RILEY FOOTBALL CAMP. I CERTIFY THAT THE MINOR NAMED ABOVE HAS BEEN EXAMINED, CLEARED, RELEASED AND APPROVED BY A PHYSICIAN TO PARTICIPATE IN ATHLETIC ACTIVITIES, AND HAS NO MEDICAL LIMITATIONS THAT SHOULD PREVENT HIM FROM PARTICIPATING IN THE LINCOLN RILEY FOOTBALL CAMP.

Parent/Guardian Printed Name

Parent/Guarding Signature

Date
