



Sooner® Jump Start

The University of Oklahoma

USA

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LIABILITY RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING

This Liability Release, Waiver, Discharge and Covenant not to Sue (Release) is executed by _____ (Student's name), whose address is

_____ (Student's current address), to the Board of Regents of the University of Oklahoma (University).

I desire to participate in the following University sponsored study program: Sooner Jump Start Program. I fully understand and appreciate the dangers, hazards and risks inherent in the Program, in the transportation to and from the related activities, and in any independent research or activities I undertake as a participant to the Program, which could include serious or even mortal injuries and property damage.

Knowing the dangers, hazards and risks of such activities, and in consideration of being permitted to participate in the Program, on behalf of myself, my family, heirs and personal representative(s), I, the undersigned, agree to assume all the risks and responsibilities surrounding my participation in the activity, the transportation, and in any independent research or activities undertaken as a participant thereto, and in advance release, waive, forever discharge, and covenant not to sue the University of Oklahoma, its governing board, officers, agents, employees, and any students acting as employees (hereinafter University), from and against any and all liability for any harm, injury, including, but not limited to, suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the University, or otherwise, while in, on, upon, or in transit to or from the premises where the activity, or any participant to the activity, occurs or is being conducted. I understand and agree that the University does not have medical personnel available at the location of the activity or on the campus. I understand and agree that the University is granted permission to authorize emergency medical treatment, if necessary, and that such action by the University shall be subject to the terms of this agreement.

I understand and agree that the University assumes no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators,

personal representatives, or assigns, if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue the above-named University. I further agree to save and hold harmless, indemnify, and defend the University from any claim by me or my family, arising out of my participation in the Activity.

In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing waiver of liability and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that the University does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this Release. I further state that I am at least eighteen (18) years of age and fully competent to sign this Agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my participation in this activity, and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to me.

I further agree that this Release shall be construed in accordance with the laws of the State of Oklahoma. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

Under penalty of perjury of the laws of the State of Oklahoma, I hereby verify that the foregoing is true and correct to the best of my knowledge.

IN WITNESS WHEREOF, I have executed this Release this _____ day of _____, 20_____.

(STUDENT SIGNATURE) (Date and Place) (PRINTED NAME)

(PARENT SIGNATURE) (Date and Place) (PRINTED NAME)