



voluntary assumption of risk and informed consent

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.

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

I (print your name)

freely choose to participate in the Cameron University
Activity/Trip (name)

which may include the following activities:

I understand that Cameron University is not an agent of and has no responsibility for any third party that may provide services including, food, lodging, travel, or equipment. Cameron University 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 do occur. I understand that the activity/trip 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/trip. Therefore, **I FULLY AND COMPLETELY ASSUME ALL RISKS RELATED TO THE ACTIVITY/TRIP** including death, injury, illness or loss from accidents, theft of or damage to personal belongings.

Medical Treatment Authorization

(Initial) I (Student) authorize Cameron University to act on my behalf in any medical emergency.

EMERGENCY CONTACT

Name:

Relationship:

Phone Number:

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, Cameron University 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/trip.

I assure Cameron University that I have adequate health insurance to provide for any medical needs or costs that may result from my participation in the activity/trip.

My signature below indicates that I have read, understand, 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 a 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

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

Name:

Student ID Number:

Signature:

Date:

Address:

Phone(s):

IF PARTICIPANT IS UNDER AGE 18:

Parent/Guardian's Name:

Parent/Guardian's Signature:

Date: