$\underline{\textbf{ATTACHMENT D}} \textbf{--} \textbf{RELEASE FOR THE UNIVERSITY OF OKLAHOMA}$

On this day of	, 20, I certify that I am t	the Legal Representative of	
		(Minor's Name)	
	,, and e Town) (State)	nd I have full authority to and do give permission for Minor to par	ticipate
	, , ,	Event"), to be held at the University of Oklahoma ("the University	.y'').
the Event, and as published on the agree to abide by all University a Event may result in Minor's immediate I certify that I have read and under Event supervisor Amy Cassell a inappropriate behavior Minor expharassment or assault occur, I we	e University's websites, www. and Event rules and policies. ediate removal from the Event erstand the Event rules and latt 405-840-1116 immediately periences related to the Event rule immediately report those	d the University's rules stated herein or as otherwise advised at the www.judicial.ou.edu and www.ou.edu/home/misc.html, and underses. Failure to comply with these rules or any other rule establishment. I waive any claim for refund or any other contract right uponed have explained said rules to Minor. I understand and agree to relately of any injuries Minor sustains as a result of the Event and tent. I also understand and agree that if any issues of sexual missues to both the Event supervisor. Amy Cassell at 405-840-1116 www.ou.edu/home/misc.html . Initials:	stand and ted by the removal. notify the ad of any sconduct,
participant at the Event, Minor malimitations, I, in my own behalf successors, assignees, licensees, spand/or videotape the Minor and to part of the Event, in advertising an Medical Authorization. As pare its agents, representatives and emheld at the University and that I a	ay be included in videotapes and on behalf of the Minor ponsors, any television network of utilize such videotapes and and promoting the Event or in ent and/or legal guardian of Maployees to secure emergency arm responsible for any and a	duces promotional material relating to its programs. I understand its or photographs taken during the Event. Therefore, without reservor, hereby assign, transfer and grant to The University of Oklah works, and all other commercial exhibitors the exclusive right to photographs and Minor's name, face likeness, voice and appear in advertising and promoting similar future events at no charge. In Minor, I hereby give consent and authorize said Event, the University medical treatment for Minor while Minor is in attendance at the all costs associated with the transportation and treatment. I certificod or other allergies, I have communicated those in writing to the	rvation or althoma, its notograph rance as a nitials:ersity and the Event iffy that if
	gnated area, I understand he	d drop-off Minor only at the designated places and times. Should be she will be taken to for pick-up. Failure to timely pick-up. Initials:	
hereby release, waive, forever disofficers, members, employees, vo action, arising from or by reason omy and Minor's personal represer loss, damages, claim, demand, action the Event. This contains the entitle	scharge, indemnify and cover of any injury resulting or to re- ntatives, heirs, assigns and n- tion or right of action, arising tire agreement between the p- arefully read the foregoing R	f, my and Minor's personal representatives, heirs, assigns and newenant not to sue the Board of Regents of the University of Oklah sentatives for any and all loss, damages, claim, demand, action of result from participation in the Event. I, for and on behalf of Minor next-of-kin, agree to hold harmless, defend and indemnify, for arting from or by reason of any injury resulting or to result from participation and all terms are contractual and not a mere recital. Release and Acknowledgement as his/her own free and voluntary wer voluntarily.	thoma, its or right of or, myself, ny and all rticipation I further
	/		
Parent/Guardian Printed Name	Relationship	Signature	Date
School/Squad Name (if applicable	e)		

			<u> </u>
City	_State	Zip	_
Home Phone:	Work Phone:		
Cell Phone:	Email address:		
Emergency Contact other than parent or guard	dian if they cannot be r	eached:	
Contact			
Phone			
Any questions regarding this form should be	directed to the Head Su	pervisor	at 405

Address of Parent and/or Legal Guardian: