

**WAVIER OF LIABILITY AND HOLD HARMLESS AGREEMENT  
FOR DAY TRIP(S) WITH NO OVERNIGHT STAY**

Day Trip/Activity \_\_\_\_\_

I am currently enrolled at the University of Central Oklahoma. I am over 18 years of age, fully competent, and eligible to participate in the above named activity/program. If I am under 18, my parent/guardian has signed below and consents to this waiver.

I recognize that I am not required to participate in this activity and choose to do so of my own free will. I recognize that inherent risk is involved in my participation in any off-campus trip or activity. Any specific/unusual circumstances or concerns associated with this trip which are over and above those normally encountered on an off-campus trip are listed at the end of this waiver.

I understand that this activity may involve the risk of physical and/or psychological injury and even death. I accept any risk in transportation to and from this activity. My behavior during this trip/activity is my responsibility and is not the responsibility of the instructor or the University of Central Oklahoma.

I voluntarily assume all such risk of loss, property damage, or personal injury, including death that I may sustain or cause as a result of participating in this activity, whether caused by my negligence or that of UCO or its officers, agents or employees, and agree not to make any claim of any kind against UCO, its officers, agents or employees and/or the Regents for the Regional Universities of Oklahoma for any such injury. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS UCO, its officers, agents and employees and/or the Regents for the Regional Universities of Oklahoma from any loss, liability, damage or costs, including court costs and attorneys fees, that may incur due to my participation in such Activity, whether due to my negligence or theirs or otherwise.

I intend to bind other members of my family, my heirs and assigns to this Waiver of Liability and Hold Harmless Agreement.

I further agree to abide by all UCO rules and regulations while participating in this day trip/activity.

I have read this document before signing it; I have had an opportunity to consider its meaning, and I understand the document and sign it voluntarily as my own free act and deed.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Class and time

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian, if under 18 years of age

\_\_\_\_\_  
Date

EMERGENCY CONTACTS

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Optional: Complete only if there are specific circumstances/concerns for this trip.  
Specific/unusual circumstances/concerns over and above those normally encountered on this field trip include, but are not limited to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Approved for University-Wide use by Legal Counsel 5/6//08