

**University of Central Oklahoma**  
**ADULT WAIVER and RELEASE of LIABILITY for OUTDOOR ACTIVITIES**

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 outdoor activities ("Activity(ies)").

The University of Central Oklahoma is a state educational institution. References to the University of Central Oklahoma include its Board of Regents, officers, agents, faculty, employees, volunteers, students, UCOSA and administrative organizations.

I [print your name] \_\_\_\_\_  
freely choose to participate in the following activity(ies):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge, agree, and represent that I understand the nature of the activity(ies) and that I am qualified, in good health, in proper physical condition to participate in outdoor activities and willingly agree to comply with the stated and customary terms and conditions of participation. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in outdoor activities.

I fully understand that: (a) the activity(ies) involve risks and dangers of damage to personal property and serious bodily injury, including permanent disability, paralysis, and death ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity(ies), the condition in which the Activity(ies) take place, or the negligence of the "Releasees" named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation.

**Medical Treatment Authorization**

\_\_\_\_\_ (Initial) I authorize the University of Central Oklahoma to act on my behalf in any medical emergency.

\_\_\_\_\_  
Signature Date

**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 the University of Central Oklahoma 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(ies).

I assure the University of Central Oklahoma that I have adequate health insurance to provide for any medical needs or costs that may result from my participation in the Activities.

My signature below indicates that I have read, understood, 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 as 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**

Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone(s): \_\_\_\_\_