

ASSUMPTION OF RISK AND RELEASE

I acknowledge that I (Participant), _____ (name of individual), would like to participate in _____ (Activities). I further represent and warrant that I am eighteen or older and am competent to enter into this Assumption of Risk and Release.

I recognize that there are inherent risks and hazards directly or inherently involved, making this a dangerous activity with the potential to cause loss of limb or life. With full knowledge of the facts and circumstances surrounding these Activities, I voluntarily undertake these Activities and I assume all responsibility and risk for my participation in these Activities, including all risk of loss of limb or life, property damage, injury to others, and other hazards to myself. These Activities include, but are not limited to,

- 1.
- 2.
- 3.
- 4.
- 5.

I assure officials of the University of Oklahoma that I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in these Activities and that I will indemnify and hold the University and its affiliates harmless.

I assure the University of Oklahoma that there are no health-related reasons or problems, which preclude or restrict my participation in these Activities.

I release the University of Oklahoma from any liability whatsoever arising out of my participation in these Activities, including but not limited to, any damage to my property or the property of others and injury to me or to others, including loss of limb or life or to others through my participation in these Activities.

The foregoing is submitted in for the good and valuable consideration of the University of Oklahoma allowing my participation in these Activities, adequacy of which is hereby acknowledged. I execute this document with full knowledge of the contents and consequences stated in this Release.

Participant

Witness

(print name)

(print name)

(signature and date)

(signature and date)