



Voluntary Assumption of Risk/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 an on-campus activity.

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 or type Parent's name):

freely choose to allow (print or type Student's name):

to participate in:

on the campus of Cameron University.

I FULLY AND COMPLETELY ASSUME ALL RISKS RELATED TO MY STUDENT PARTICIPATING IN THE ACTIVITY including death, injury, illness or loss from accidents, theft of or damage to personal belongings.

Medical Treatment Authorization
_____(Initial) I authorize Cameron University to act on my behalf in any medical emergency.

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone Number: _____

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 any participation in the activity.

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

I acknowledge that although this activity is hosted on the campus of Cameron University, this activity is not sponsored by Cameron University. I understand and agree to notify _____ at _____ immediately of any injuries my student sustains as a result of the activity and of any inappropriate behavior student experiences related to the activity. I also understand and agree that if any issues of sexual misconduct, harassment, or assault occur, I will immediately report those to both _____ and to the University's Institutional Equity Officer at _____.

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 I am 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.

Parent/Guardian's Name:

Parent/Guardian's Signature:

Student's Name: _____

Address: _____

Phone(s): _____

Date: _____