

FORM C -- RELEASE FOR THE UNIVERSITY OF OKLAHOMA (UNIVERSITY EVENTS)

On this ____ day of _____, 20____, I certify that I am the Legal Representative of _____, hereinafter (“Youth”), of _____, _____, and I have full
(Youth’s Name) (Home Town) (State)
authority to and do give permission for Youth to participate in Norman Math Circle, hereinafter (“the Event”), to be held at the University of Oklahoma, hereinafter (“the University”).

University and Event Rules. I acknowledge that I have read the University’s rules stated herein or as otherwise advised at the time of the Event, and as published on the University’s website www.ou.edu/home/misc.html and understand and agree to abide by all University and Event rules and policies. Failure to comply with these rules or any other rule established by the Event may result in Youth’s immediate removal from the Event. I waive any claim for refund or any other contract right upon removal. I certify that I have read and understand the Event rules and have explained said rules to Youth. I understand and agree to notify the Event supervisor Travis Mandel at 405-227-1814 immediately of any injuries Youth sustains as a result of the Event and of any inappropriate behavior Youth experiences related to the Event. I also understand and agree that if any issues of sexual misconduct, harassment or assault occur, I will immediately report those to both the Event supervisor Travis Mandel at 405-227-1814 and the University’s Sexual Misconduct Officer at 405-325-2215 or www.ou.edu/home/misc.html.

Initials: _____

Talent Release. I understand that the University often produces promotional material relating to its programs. I understand that as a participant at the Event, Youth may be included in videotapes or photographs taken during the Event. Therefore, without reservation or limitations, I, in my own behalf and on behalf of the Minor, hereby assign, transfer and grant to The University of Oklahoma, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape the Minor and to utilize such videotapes and photographs and Youth’s name, face likeness, voice and appearance as a part of the Event, in advertising and promoting the Event or in advertising and promoting similar future events at no charge.

Initials: _____

Medical Authorization. As parent and/or legal guardian of Youth, I hereby give consent and authorize said Event, the University and its agents, representatives and employees to secure emergency medical treatment, or to administer the use of an epi-pen, basic first aid or to ensure that medications have been taken as prescribed for Youth while Youth is in attendance at the Event held at the University and that I am responsible for any and all costs associated with the transportation and treatment. I certify that if my child has any special medical considerations, including food or other allergies, that I have specifically communicated those in writing to the Event supervisor.

Initials: _____

Transportation. I certify and agree that I am to pick-up and drop-off Youth only at the designated places and times. Should I fail to timely pick-up Youth at the designated area, I understand he/she will remain at the Physical Sciences Center for pick-up. Failure to timely pick-up Youth may result in his/her immediate withdrawal from the Event.

Initials: _____

Release and Waiver. I, for and on behalf of Youth, myself, my and Youth’s personal representatives, heirs, assigns and next-of-kin, hereby release, waive, forever discharge, indemnify and covenant not to sue the Board of Regents of

the University of Oklahoma, its officers, members, employees, volunteers, agents and representatives for any and all loss, damages, claim, demand, action or right of action, arising from or by reason of any injury resulting or to result from participation in the Event. I, for and on behalf of Youth, myself, my and Youth's personal representatives, heirs, assigns and next-of-kin, agree to hold harmless, defend and indemnify, for any and all loss, damages, claim, demand, action or right of action, arising from or by reason of any injury resulting or to result from participation in the Event. This contains the entire agreement between the parties hereto and all terms are contractual and not a mere recital. I further state that Youth and I have each carefully read the foregoing Release and Acknowledgement as his/her own free and voluntary act. I am at least eighteen years of age and sign this Release and Waiver voluntarily.

_____/_____
Parent/Guardian Printed Name Relationship

_____/_____
Signature Date

Event Name: Norman Math Circle

Address of Parent and/or Legal Guardian:

City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email address: _____

Emergency Contact other than parent or guardian if they cannot be reached:

Contact _____

Phone _____

Any questions regarding this form should be directed to the Head Supervisor Travis Mandel at 405-227-1814.