

MEDICAL RELEASE FOR TREATMENT

I authorize the designated trip leaders of Intramural and Recreational Activities to authorize on my behalf all appropriate medical treatments that may be required in the event of an illness or injury to

_____ Name of Student _____ Social Security Number

Resulting in any manner from participating in this University sponsored trip. This authority is intended to cover any illness or injury sustained while traveling to, from, or while participating in any activity associated with this trip.

_____ Date _____ Participant's Signature

_____ Date _____ Parent/Guardian Signature if Student is under 18

I, _____, understand that participation on this trip is on a voluntary basis, and acknowledge that neither the University nor the Department of Intramural & Recreational Sports will accept responsibility for injuries sustained while participating in trip activities. Every Student and faculty/staff member is strongly encouraged to carry his or her own insurance for any unforeseen accident(s). I, the participant (parent or guardian if a minor), have read and understand this statement and agree to notify the Department of Intramural & Recreational Sports if there is any change in my health status prior to trip departure. Any information I have provided on this form is true, correct and complete to the best of my knowledge.

RELEASE OF LIABILITY

I understand that parts of Intramural-Recreational Activities may be physically demanding. I recognize the inherent risk of injury in Intramural-Recreational activities. I understand that each participant must assume the risk of injury and any related financial responsibility that could result from participation in and Intramural-Recreational activity. I agree to hold harmless Oklahoma City University, its employees, staff, and volunteers from all claims, including bodily injury, that I may have on my behalf that may be sustained in connection with my participation in the above mentioned activities.

Signature _____ Date _____

Parent/Guardian Signature if under 18 _____ Date _____

-----Office Use Only-----

Amount Paid _____ (cash/check) Date _____ Received by _____

CIRCLE ONE