



Waiver and Release of Liability for On-Campus

This is a legal and binding agreement in 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 on-campus activities.

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

I _____ (*print your name*) freely choose to participate in the _____ (*trip/activity name*) on the Rogers State University Campus, which may include the following activities:

I understand that the Rogers State University is not an agent of and has no responsibility for any third party that may provide services including food, lodging, travel, or equipment. The Rogers State has not reviewed the qualifications of the activity organizer or sponsor, and does not endorse or sponsor the program or its safety or quality.

Despite precautions, accidents and injuries can and will occur. I understand that the activity and transportation may be dangerous and that I may be injured and/or lose or damage personal property as a result of participation in the Activity. Therefore I FULLY AND COMPLETELY ASSUME ALL RISKS RELATED TO THE ACTIVITIES including death, injury, illness or loss from accidents, theft of or damage to personal belongings.

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 Rogers State 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 my participation in the Activity.

I assure Rogers State University that I have adequate health insurance to provide for any medical needs or costs that may result from my participation in the Activity.

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.

☐ I have read entire agreement before giving my signature.

Printed Name

Phone

Signature

Date

Address, City, State

If participant is under age 18:

Parent's Printed Name

Parent's Phone

Parent's Signature

Date

Parent's Address, City, State

Medical Treatment Authorization

_____ I authorize Rogers State University to act on my behalf in any medical emergency. (*signature required/parent's signature if under 18*)