

Adult or Minor Participant Expectation, Liability Release, & Medical Emergency Treatment Authorization

Name of Event: _____ **Date(s) of Event:** _____

Participant Name: _____

(if participant is a minor under 18 or is legally disabled, Parent and/or Guardian must execute this Release)

Participant's Date of Birth: _____

Participant's Address: _____

Parent or Guardian's Name (if applicable): _____

Parent or Guardian's Address (if applicable): _____

I hereby acknowledge the following:

Informed Consent: I have been informed by the organizers of this Trip/Event and am confident that I understand the various aspects of this Trip/Event including but not limited to the arrangements for finances, travel, itinerary and logistics. I further understand and acknowledge that despite careful planning and supervision, serious injuries might occur during this Trip/Event. Persons involved may sustain fatal or serious infection, sickness, injury, property damage, or severe social and/or economic loss as a consequence of not only their own actions, inactions, or negligence, but the actions, inactions, or negligence of others, weather conditions, conditions of equipment, language barriers, differing social cultures and laws. There may also be other risks not foreseeable at this time.

Acceptance of Risk and Release of Liability: I accept full responsibility for the foregoing risk of infection, sickness, injury, permanent disability or death, on behalf of myself or minor participant, if applicable. In consideration of the opportunity to participate in this Trip/Use of Pool/Event, I release and discharge Southern Nazarene University, its officers, employees, and agents (herein after collectively referred to as "University") from all liability defined herein arising out of or in connection with my participation in the above described Trip/Event. For the purpose of this Agreement, liability means all claims, demands, causes of action, suits or judgments of any kind (including court costs and attorney's fees) that I, my heirs, executors, administrators, assignees, or any other person or entity may have against the University because of my death, personal injury, illness, or for any loss. I hereby agree that this Agreement shall be constructed in accordance with the laws of the State of Oklahoma.

Indemnification: I, my heirs, successors, and representatives agree not to sue the University and hold harmless, defend, and indemnify the University from any and all liability as described above that may occur due to my and/or minor participant's participation.

I Understand that SNU is Owned by the Church of the Nazarene and has beliefs consistent with the sponsoring denomination. As a campus guest, I agree to respect these guidelines and I will abide by the expectations of this community while on the SNU campus.

Rules and Requirements: I agree on behalf of myself and/or minor participant to accept all the rules and requirements of the Trip/Event and to follow instructions when given by a University or any Trip/Event official. I acknowledge that as an adult I am responsible for my actions and cannot expect 24-hour supervision by a University or any Trip/Event official. I further grant the right to the University or any Trip/Event official to terminate my participation in the Trip/Event if it is determined that my conduct is detrimental to the best interest of the group. In the event that I must leave the Trip/Event early, costs to travel shall be at my own personal expense.

Medical Insurance: I hereby confirm that I and/or the minor participant are covered by medical insurance that will pay for medical services required and/or received for the period of the Trip/Event.

Medical Consent: In the event of any medical emergency, I authorize and consent on behalf of myself and/or minor participant, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and/or hospital care deemed necessary for my safety and protection.

**Continue to 2nd page.

I HAVE READ THIS AGREEMENT AND RELEASE ALL LIABILITY AND UNDERSTAND THE TERMS. I EXECUTE THIS AGREEMENT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Date

Cell Phone

Signature of Participant or Adult Guardian

Address

Printed Name of Participant or Adult Guardian

City State Zip

EMERGENCY CONTACT INFORMATION

Emergency Contact Information – I

Emergency Contact Information – II

Name: _____

Name: _____

Relationship to Participant: _____

Relationship to Participant: _____

Cell Number: _____

Cell Number: _____

Home Phone: _____

Home Phone: _____

Physician's Name: _____ Phone: _____

Health Insurance Co: _____

Ins ID#: _____

Medical/Health Information: Please describe below any health (medical/physical/psychological/emotional/other) conditions, special circumstances, medications, or allergies the Trip/Event Organizer should be aware of:

Both pages of the form must be completed and turned in prior to the event and prior to participation.