



UNIVERSITY OF Central Oklahoma

VOLUNTEER/PARTICIPANT RECORD

CONSISTING OF

A CONTRACT AGREEMENT WITH WAIVER OF LIABILITY & HOLD HARMLESS

Activity/Program/Enrollment for: Oklahoma Science Olympiad

The undersigned for good and valuable consideration, receipt of which is hereby acknowledged, and in consideration for being allowed voluntary participation or enrollment in said forgoing program, with such program or event to be provided by, at or through UCO, agrees with UCO's terms and conditions as follows:

1. Waiver: I, _____, have volunteered to participate in the activity identified above. I am over eighteen (18) years of age (or if under 18, have asked my parent or guardian to sign this document in addition to my own signature) and am eligible and medically and physically capable and qualified to participate in the above-named activity/program. I will work/participate at the direction of UCO, its agents, and employees, or others sponsoring the activity and follow all applicable rules, regulations, and laws. Should I desire insurance protection I will provide my own insurance and hereby advise UCO that I engage in this volunteer activity totally accepting my own risk of participation.

Further -- I recognize that I am not required to participate in this Activity. However, I choose to do so of my own free will recognizing the inherent risks involved in my participation in the Activity, including but not limited to:

1. Risks associated with the designated activity: Risks associated with lab activities include, but are not limited to injuries such as burns, cuts, or exposure to chemicals. All of the events exhibiting obvious risk have safety protocols built into the event rules which must be followed by students in order to participate. These include wearing proper safety eyewear and clothing, following accepted chemical hygiene and science safety guidelines, and exhibiting proper handling of materials and equipment.
2. Injury which could be potentially serious, and / or could lead to death, if I am not physically qualified and myself or others engaged in this activity do not follow safety precautions, rules and regulations required of the activity;
3. Participation by me with others in this activity is inherently dangerous as I have to rely on my conduct, as well as the conduct of other individuals, to stay safe; and,
4. My conduct in this activity may make me liable for damages and injury to others if I am negligent.

2. Hold Harmless: By signing below I voluntarily assume all risks of loss, property damage, or personal injury, including death, that I may sustain or cause as a result of participating in this Activity, whether caused by my negligence or that of UCO or its officers, agents or employees, in the **Oklahoma Science Olympiad** Activity/ Program, and agree not to make any claim of any kind against UCO, its officers, agents or employees and/or the Regional University System of Oklahoma for any such loss, property damage, or personal injury. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS UCO, its officers, agents and employees and/or the Regional University System of Oklahoma from any loss, liability, damage or costs, including court costs and attorneys fees, that they may incur due to my participation in such Activity, whether due to my negligence or theirs. I hereby bind other members of my family, my heirs and assigns to this Waiver of Liability and Hold Harmless Agreement.

3. Acknowledgement: I have read this document before signing it; I have had an opportunity to consider its meaning, and I understand the document and sign it as my own free act and deed. I am at least 18 years of age and fully competent, or if under the age of 18, my parent and/or legal guardian signs on my behalf intending to be as fully bound as though I were of age and able to sign for myself. I also sign with the understanding and agreement with UCO, that UCO or the individual or group conducting this Activity/Program, will do so in a professional manner and use reasonable care as to my safety that would ordinarily be expected for an Activity/Program such as this.

In Witness whereof, I/we have set my/our hand this _____ day of _____, 20____.

Participant:

Other Signature:

(Guardian or Parent if Participant under 18 years of age)

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

School: _____

*Note: For those under 18, the participant and parent or guardian must both sign.
A copy of this signed form should be sent to the UCO Office of Legal Counsel*