

Oklahoma State University Youth Program/Camp
Informed Consent, Voluntary Waiver, Release of Liability & Assumption of Risks Form

PROGRAM/CAMP INFORMATION

Program/Camp Name: OSU Summer Music Camp
Date(s): July 7-12, 2019 Time(s): All Day
Location: Oklahoma State University, Stillwater, OK

PARTICIPANT INFORMATION

Name of Participant: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Date of Birth: _____ Gender: M _____ F _____

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED PROGRAM/CAMP.

I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced youth program (hereafter "Program") on the date(s) and location(s) indicated above and, in consideration for my Child's participation, I hereby agree as follows:

I acknowledge, understand and appreciate that as part of my Child's participation in the Program there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the youth program may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Program. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating, and traveling to or from the Program.

I, on behalf of my Child, hereby release Oklahoma State University, its Board of Regents, Administration, Faculty, Staff, Student Leaders, the Program Staff, and all other officers, directors, employees, volunteers and agents (hereafter "OSU") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Camp. This agreement is binding on my heirs and assigns.

In the event of an accident or serious illness, I hereby authorize representatives of OSU to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify OSU from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Program.

This RELEASE shall be governed by and construed under the laws of Oklahoma. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child's participation in any part of the Program, shall be brought only in Payne County, Oklahoma.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

Participant Name _____ Parent/Guardian Name _____

Participant Signature _____ Parent/Guardian Signature _____

Date _____ Date _____

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18

**Oklahoma State University Youth Program/Camp
Rules and Disciplinary Procedures**

Rules Participants and Parents Need to Know:

- a. Participants are not allowed to drive or ride in personal vehicles during the dates of the Program unless they receive specific permission to do so from the Program Director. While we understand that some participants will drive to the campus, our policy is that they must turn their car keys in to the Program Director for the duration of the workshop. Any vehicles parked on campus must have a University Parking Permit. Parking permits will be issued during on-site registration, and clear instructions will be given as to where parking is authorized. It will be the responsibility of the participant to secure a permit, properly place the permit in the vehicle, park the vehicle in an authorized space, and turn the keys in to the Program Director for safekeeping during the program. Neither Oklahoma State University, nor the program staff, will be responsible for damage to vehicles or for any parking tickets, fines, or towing charges that result from violations.
- b. Participants are to remain on campus for the duration of the program unless program activities require otherwise. If a participant needs to leave campus for some reason, Program Directors must receive prior written permission from the parent or guardian, and grant specific permission.
- c. Campus regulations prohibit the use of alcohol, tobacco, and other illegal substances. Participants may not possess, use, distribute, or sell alcoholic beverages, tobacco, drugs, firearms, weapons or fireworks.
- d. Coed visitation in the residence halls is permitted in the first floor lobby area only. The only people permitted in rooms are staff, members of the participant's immediate family, the participant's roommate and other participants of the same gender residing in that residence hall.
- e. Participants must attend all workshops, classes, and planned social or recreational activities. Full participation is the only way a participant can gain real value from the Program.
- f. Participants will abide by nightly curfews and "Lights Out" announcements from the Program Director or Program Counselors. Participants must be in their OWN room at lights out and remain there until morning. Any use of cell phones or other electronic devices is prohibited after 'Lights Out.'
- g. Participants must never misuse internet privileges. Attempting to access unauthorized sites is strictly prohibited.
- h. Participants must abide by rules and guidelines set by the instructors for each academic facility in use.
- i. In accordance with state law, smoking and use of other tobacco products is prohibited by anyone under the age of 18. Neither smoking nor any other tobacco use is permitted at Oklahoma State University; OSU is proud to be a tobacco-free campus.
- j. Any individual found tampering with any fire equipment (i.e. fire extinguishers, fire alarms, smoke detectors, etc.) will be dismissed from the Program immediately. Participants may not interfere with any security system or tamper with locks in participant rooms and other areas.
- k. All furniture must remain unchanged and kept in place.
- l. Vandalism and pranks will not be permitted. Any damages caused in rooms or common areas will be charged to the responsible party. Replacement cost will be charged to anyone who removes or damages University property.
- m. Participants should keep their rooms locked at all times even if leaving the room for only a few minutes. Neither Oklahoma State University, nor the camp staff, is responsible for lost or stolen items. A participant should take room key when leaving room. Those who lose a key must pay for a replacement. Leave excess money and valuables

at home. Valuables, including jewelry, iPods, cell phones, radios, cd players, etc., may be brought to the Program, but only at Participants' own risk.

Disciplinary Procedures:

Each participant has a reasonable expectation to enjoy a positive program experience. Therefore, the misbehavior of one participant, or a group of participants, should not be permitted to impact negatively on the program experience of others. Most programs are short in duration, so prompt action is required when problems occur. Parents and participants should be aware of the disciplinary policy.

First Offense: Participants failing to adhere to program rules, or exhibiting behavior clearly intended to annoy or endanger other participants, will be formally warned by a Program Counselor and informed that subsequent misbehavior will result in formal counseling by the Program Director.

Second Offense: Subsequent misconduct will result in counseling by the Program Director and a warning that further misconduct will result in removal from Program. At this point, the Program Director will contact the parent or guardian to advise him/her of the situation and the possible need for picking the child up from camp if there is further misconduct.

Third Offense: Any further inappropriate behavior will result in counseling by the Campus Sponsor of the Program and expulsion from Program.

NOTE: OKLAHOMA STATE UNIVERSITY EXPECTS EACH PARTICIPANT TO HAVE A SUCCESSFUL PROGRAM EXPERIENCE. ANY OF THE STEPS OUTLINED ABOVE MAY BE OMITTED OR REPEATED AT THE DISCRETION OF PROGRAM STAFF. PARTICIPANTS DISMISSED FROM PROGRAM FOR DISCIPLINARY REASONS WILL NOT RECEIVE A REFUND OF ANY FEES PAID TO ATTEND PROGRAM.

It should be understood this procedure is intended to provide a reasonable and consistent method for dealing with the type of behavior that can be disruptive to a program, but is not so egregious as to warrant immediate dismissal from the program. It in no way precludes immediate dismissal from the program for more serious disciplinary problems or violations of campus or program regulations. A serious disciplinary problem is defined as one in which the program staff determines that a child is engaging in inappropriate behavior that includes, but is not limited to the following: actions which put the participant, other participants, or program staff member's safety in jeopardy; physical, emotional, or electronic harassment/harm against self, program staff or fellow program participants; inflicting physical or emotional harm on self or others, vandalism or destruction of University property; theft of University property or the property of another participant; consistently disrupting the program; possession of alcohol, tobacco, drugs, or weapons; fighting; sexual harassment; or behavior that is serious enough to warrant a third offense.

Parent and Student Pledge:

I/we understand the disciplinary procedures described above. I/we understand failure to demonstrate proper conduct during camp may result in early dismissal from the program without any refund of fees paid to attend. We pledge to abide by all program rules and to exercise good behavior and proper respect for others.

Participant Name _____

Parent/Guardian Name _____

Participant Signature _____

Parent/Guardian Signature _____

Date _____

Date _____

**Oklahoma State University Youth Program/Camp
Media, Photo & Video Release Form**

PROGRAM INFORMATION

Program/Camp Name: OSU Summer Music Camp

Date(s): July 7-12, 2019 **Time(s):** All Day **Location:** Oklahoma State University, Stillwater, OK

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT.

In consideration for my child's participation in the above captioned event, I, the undersigned parent/guardian of the minor child indicated below, hereby grant to Oklahoma State University, its Board of Regents, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents ("University") the right to reproduce, use, exhibit, display, broadcast, distribute, exploit, modify, adapt, and create derivative works of photographs, videotaped images or video/audio recordings of my child ("Materials") by incorporating them into publications, catalogues, brochures, books, magazines, photo exhibits, motion picture films, videos, electronic media, web sites, and/or other media, or commercial, informational, educational, advertising, or promotional materials or publications related thereto ("Works"). It is agreed that the Works will be used in connection with University business, the activities of the University, or for promoting, publicizing or explaining University activities or events.

Materials may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media.

I waive my right to inspect or approve any Works that may be created by the University using the Materials and waive any claim with respect to the eventual use to which Materials may be applied.

I understand and agree that the University is and shall be the exclusive owner of all right, title, and interest, including copyright, in the Works, and any commercial, informational, educational, advertising, or promotional materials containing the Materials. All electronic or non-electronic negatives, positives, and prints are owned by the University. I also understand that neither I nor my child will receive compensation in connection with the use of my child's image.

I, on behalf of my child, furthermore release, indemnify and hold harmless University from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my child may suffer, for which my child may be liable to any other person, or that may or does arise out of the use of the Materials.

This RELEASE contains the entire agreement between the parties and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I acknowledge that I am signing this document freely and voluntarily. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

SIGNATURE AND COMPLETE INFORMATION IS REQUIRED:

Parent/Guardian Name: _____

Minor Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

**Oklahoma State University Youth Program/Camp
Medical Information and Release Form**

PROGRAM/CAMP INFORMATION

Program/Camp Name: OSU Summer Music Camp

Date(s): July 7-12, 2019 Time(s): All Day

Location: Oklahoma State University, Stillwater, OK

As a student, parent or guardian I understand that the information requested on this form is intended to help inform program staff of any pre-existing medical conditions. If Participant has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. ***This information will be kept in strict confidence and will only be shared with your permission.*** Oklahoma State University requests the information below so that, in case of emergency, we will have accurate information so that we can provide and/or seek appropriate treatment for Participant. You are accountable for providing an accurate medical history. **Final determination about whether to participate is the responsibility of you and your physician.** If Participant has any medical issue that is not requested below, but which you think is important, please include that information. It is recommended that you consult with a physician prior to participating in this Program. If you are uncertain about any preexisting medical conditions, it is your responsibility to consult with your own physician prior to participating in this Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

I understand that Oklahoma State University does not offer any form of insurance for participant while participating in Program.

PART 1. GENERAL INFORMATION

Participant Name _____

Parent/Legal Guardian Name (if applicable) _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth ____/____/____ Gender M ____ F ____

Please list two emergency contacts:

_____	_____	_____	_____	_____
Emergency Contact #1 Name	Home Phone #	Work Phone #	Cell Phone #	Relation

_____	_____	_____	_____	_____
Emergency Contact #2 Name	Home Phone #	Work Phone #	Cell Phone #	Relation

PART 2. MEDICAL INFORMATION

It is recommended that Participant consult with personal physician prior to participating in this Program. If you are uncertain about any preexisting medical conditions, ***it is your responsibility to consult with your own physician*** prior to participating in this Program. Please answer all of the questions. If you answer yes to any of the following questions, please explain as indicated. Use back and/or additional paper if needed.

Physician's Name _____ Phone Number _____

Date of most recent tetanus toxoid immunization _____

Do you have health/accident insurance? (circle one): YES NO

If yes, please indicate policy number, name and address of insurance company.

Company Name / Address _____ Policy # _____

PLEASE ENCLOSE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD WITH THIS FORM

For the following, circle appropriate response and explain as appropriate:

Does participant have any limiting medical conditions that you or your doctor feel would limit camp participation? YES NO
If yes, identify and explain:

Is participant currently taking medication that may interfere with ability to safely participate in Program? YES NO
If yes, please indicate the medication and the condition being treated:

Does participant have a history of allergies or reactions to medications, insect stings, or plants? YES NO
If yes, please explain:

Does participant have a history of food allergies? YES NO
If yes, please explain:

Does participant have a history of, or currently suffer from, medical condition(s) with which we need to be aware? YES NO
If yes, please explain:

PART 3: AUTHORIZATION FOR MEDICAL CARE

Unless prior arrangements have been made, medical needs will be handled through University Health Services or Stillwater Medical Center. In cases where medical attention is necessary, parents will be contacted for approval when possible. However, before medical treatment can be provided, we are required to have a medical release signed by the parent/guardian. The hospital will not perform services unless this form is presented at the time of treatment.

Participant has my permission to receive medical attention in the event of illness or medical emergency while participating in this Program. I will assume the financial responsibility for any cost of health care for my child that may occur during this Program.

As a participant, parent, or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to Participant and/or others during this Program. By signing my name I represent and warrant that I have provided all materials and important information to Oklahoma State University pertaining to my Participant's medical, mental and physical condition and that it is accurate and complete. I agree to notify Oklahoma State University of any changes in the mental, physical or medical condition of the Participant prior to the scheduled Program.

By revealing or disclosing the above medical information it will not be used by Oklahoma State University personnel or employees to determine Participant's ability to participate safely in activities. I understand that, if Participant chooses to participate in activities, he/she does so voluntarily and of his/her own accord and the final decision regarding participation is solely the responsibility of myself and Participant.

Participant Name _____

Parent/Guardian Name _____

Participant Signature _____

Parent/Guardian Signature _____

Date _____

Date _____

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18

**Oklahoma State University Youth Program/Camp
Parent/Guardian Authorization, Waiver and Consent for Self-Administration of Prescription Medication Form**

PROGRAM/CAMP INFORMATION

Program/Camp Name: OSU Summer Music Camp

Date(s): July 7-12, 2019 Time(s): All Day Location: Oklahoma State University, Stillwater, OK

PARTICIPANT INFORMATION

Participant Name: _____

Parent/Legal Guardian Name (if applicable): _____

This form must be completed fully in order for participants to self-administer required medication. A new medication administration form must be completed for each Program attended by the participant, for each medication, and each time there is a change in dosage or time of administration of a medication. Self-medication requires licensed health care authorization and signature, and parent signature.

No, my child does not need to take any prescription medication while at the Program.

Yes, my child will need to take prescription medication while at the Program.

All prescription medications, including medications for conditions such as food, drug or insect allergies; diabetes; asthma; or epilepsy may be brought to the Program under the condition that the participant can self-manage care and delivery of medication with written authorization to do so at camp by a licensed health care provider. Prescription medication must be in its original container labeled by the pharmacist or prescriber. Label must include the name, address and phone number for pharmacist or prescriber. Containers must hold only the amount required for the time the participant will be attending the Program.

PRESCRIBER AUTHORIZATION FOR SELF-ADMINISTRATION OF PRESCRIPTION MEDICATION

Medication Name: _____ Dose: _____

Condition for which medication is being administered: _____

Specific Directions (e.g., on empty stomach/with water, etc.): _____

Time/frequency of administration: _____

If PRN, frequency: _____

If PRN, for what symptoms: _____

Relevant side effects: _____

Medication shall be administered from (date) _____ to _____

Special Storage Requirements: _____

Is the participant capable of self-managed care? YES NO

Prescriber's Name/Title: _____ Prescriber's Place of Employment: _____

Telephone: _____ Fax: _____

I hereby affirm that this individual has been instructed in the proper self-administration of the prescribed medication(s).

Prescriber's Signature: _____ Date: _____

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the Program Staff, Oklahoma State University, its Board of Regents, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents against any claims that may arise relating to my child's self-administration of prescribed medication(s). ***I/We have legal authority to consent to medical treatment for the participant named above, including the administration of medication at the above referenced Program.***

Parent/Guardian Signature _____ Date _____

Oklahoma State University Youth Program/Camp
 Parent/Guardian Authorization, Waiver and Consent for Over-the-Counter Medication Form

PROGRAM/CAMP INFORMATION

Program/Camp Name: OSU Summer Music Camp

Date(s): July 7-12, 2019 Time(s): All Day Location: Oklahoma State University, Stillwater, OK

PARTICIPANT INFORMATION

Participant Name: _____

Parent/Legal Guardian Name (if applicable): _____

Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the participant’s parent or guardian. Please complete the following section to save time if your child needs any of these OTC medications during his/her stay.

Note: Unless we have parental authorization, we cannot administer ANY medications.

I hereby authorize that the following medications may be given to Participant if the need arises. You may dispense only those checked.

- Ointments for minor wound care, first aid as directed. (Antiseptic, anti-itch, anti-sting, antibiotic, sunburn)
- Tylenol/Acetaminophen as directed.
- Ibuprofen as directed.
- Throat lozenges and or spray as directed for sore throat.
- Micatin or anti-fungus treatment as directed for athlete’s foot.
- Kaopectate or Imodium for diarrhea as directed.
- Milk of Magnesia, Pepto Bismol or Mylanta for upset stomach or nausea as directed.
- Rolaids or Tums for acid reflux, heartburn or indigestion as directed.
- Benadryl for swelling, hives, allergic reaction, as directed.
- Actifed or Sudafed as directed for nasal congestion or allergy relief per instructions.
- Visine or other eye drops for minor eye irritation.
- Medicated lip ointment for dry, chapped lips, lip blisters or canker sores as directed.
- Swimmer’s ear drops as directed.
- Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites.
- Medicated powder for skin irritation as directed.
- Robitussin or other cough syrup as directed.
- Calamine lotion for bug bites and poison ivy.
- Sunscreen
- Bug repellent
- Other (list any other approved over-the-counter drugs) _____

Program staff reserves the right to use generic equivalents when available for the name brand over-the-counter medications listed above.

I understand that such administration will not be done under the supervision of medical personnel. I also agree that any first aid treatment may be given as needed.

Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the student’s parents. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over-the-counter medications that are not checked.

I understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.

I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless the Program Staff, Oklahoma State University, its Board of Regents, Administration, Faculty, Staff, Student Leaders, and all other officers, directors, employees and agents against any claims that may arise relating to my child being administered the above indicated over- the-counter medications. I/We have legal authority to consent to medical treatment for the student named above, including the administration of medication at the above referenced program.

Parent/Guardian Signature _____ Date _____

**Oklahoma State University Youth Program & Camp
Travel and Transportation Form**

Camp Name / Location / Dates OSU Summer Music Camp, Oklahoma State University, Stillwater, OK, July 7-12, 2019

Name of Student _____

I will arrive in Stillwater on (date/time) _____

Method of Transportation _____

I will be traveling from (city) _____

Accompanied by _____ Relation _____

I will depart Stillwater on (date/time) _____

Method of Transportation _____

I will be traveling to (city) _____ Accompanied by _____

Please indicate whether you plan to keep a vehicle on campus (circle one): YES NO

(Note: If 'Yes,' keys must be left with the camp director and a parking pass will be required.)

Participant Name _____ Parent/Guardian Name _____

Participant Signature _____ Parent/Guardian Signature _____

Date _____ Date _____

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I, _____, am knowingly and voluntarily entering into this Assumption of Risk and Waiver of Liability, as part of my use of the swimming pool at Oklahoma State University (“OSU”) and I agree to the terms set forth below.

I understand that my use of the swimming pool is voluntary. My use of the pool may include, but is not limited to, physical and recreational activities which require physical exertion and may involve substantial risk of bodily injury, death and other dangers associated with water activities. I am fully aware of the risks involved and expressly and voluntarily assume such risks.

I understand that I should participate only in those physical and recreational activities for which I have the prerequisite skills, qualifications, and training, and that are appropriate based upon my health. I understand that I should consult a physician if I have any questions about the appropriateness of use of the swimming pool.

The purpose and effect of this ASSUMPTION OF RISK AND WAIVER OF LIABILITY is to release and insulate OSU and the Board of Regents for the Oklahoma Agricultural and Mechanical Colleges and their officers, agents, employees, volunteers, representatives, and assigns from and against any claims, suits, or causes of action for injuries, death, damage, loss or expense incurred by me or caused during my use of the swimming pool, including, but not limited to, those caused or resulting from my negligence or the negligence of any other person, group, or entity, whether intentional or unintentional.

I hereby agree that for the sole consideration of my use of the swimming pool, I knowingly, voluntarily, and expressly waive any and all claims and release and forever discharge OSU and the Board of Regents for the Oklahoma Agricultural and Mechanical Colleges and their officers, agents, employees, volunteers, representatives and assigns from any and all actions, omissions to act, claims, damages, judgments, demands, rights and causes of action of whatever kind in nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries or damage to property arising out of or related to my voluntarily use of the swimming pool, including, without limitation, injuries or damages resulting from lack of improper supervision or breach of any statutory or regulatory duty or obligation. I hereby agree that this ASSUMPTION OF RISK AND WAIVER OF LIABILITY shall be binding upon my heirs, executors, administrators and assignees at law and shall be governed by and interpreted in accordance with the laws of the State of Oklahoma.

I understand and agree that in the event I or any other party contemplated by this ASSUMPTION OF RISK AND WAIVER OF LIABILITY initiates or attempts to initiate a claim or cause of action of any kind whatsoever, I will indemnify and hold harmless OSU and the Board of Regents for the Oklahoma Agricultural and Mechanical Colleges and their officers, agents, employees, representatives, and assigns from any liability resulting therefrom, including damages, costs, and related fees.

I HAVE CAREFULLY READ THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY IS A RELEASE OF LIABILITY (INCLUDING BUT NOT LIMITED TO LIABILITY FOR NEGLIGENCE) AND I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

Signature of Participant

Date

Printed Name of Participant

Address

Phone Number

Emergency Contact Name

Emergency Contact Number

INDEMNIFICATION BY PARENT IF PARTICIPANT IS A MINOR

I understand that in the event my child or any other party contemplated by this Release of Liability initiates or attempts to initiate a claim or cause of action of any kind whatsoever, that I will indemnify and hold harmless the Board of Regents for the Oklahoma Agricultural and Mechanical Colleges and OSU and their officers, agents, employees, representatives, and assigns from any liability resulting therefrom, including damages, costs, and related fees.

Signature of Parent

Date

Printed Name of Parent

OSU SUMMER MUSIC CAMP RULES AND REGULATIONS-2019

- Students staying in the dorm will be in their assigned dorm room by 10 pm each evening. Resident Assistants will perform a room check at 10 pm.
- Students must be accompanied by a Resident Assistant in order to go to any parts of the campus other than within the Seretean Center.
- No students will leave campus during the duration of the camp unless specified by written consent from their parent/guardian. Such notice must be given to the Camp Director at least 24 hours in advance.
- Students staying in the dorm will meet in the Stout lobby at a designated time each morning in order to walk with the resident assistants to the North Commons cafeteria. Similarly, students will walk with the RA's from North Commons to the Seretean Center after breakfast.
- Students agree to participate in all camp activities, classes, rehearsals, and events.
- We want the camp to be a positive learning environment for all students involved. Therefore, all students, faculty, and staff are expected to conduct themselves in a mature and respectful manner in line with all regulations established by OSU and the Camp.
- Commuter students: written consent from a parent/guardian is required if you plan to commute with anyone that is not a parent or yourself. Please provide this information at the time of registration.
- Commuter students must check-in each day with a designated RA Staff Member upon their arrival at camp. Similarly, they must check-out with a designated RA Staff Member before departing camp at the end of the day. Locations for check-in and check-out will be discussed at the General Camp Meeting on Sunday, July 7 at 3:15 pm.

DISMISSAL FROM CAMP

- Students found absent from scheduled activities, classes, rehearsals, or events may be dismissed from camp.
- Students are expected to adhere to all OSU regulations pertaining to student conduct.
- **Any student found using tobacco products, alcohol or drugs (including prescription or OTC drugs not indicated on the Medical Information and Release Form) during the camp will be dismissed from camp immediately.**
- Repeated behavioral issues are grounds for dismissal from the camp. Any student found to display behavioral issues will be given adequate warning prior to dismissal. Parents will be notified should a student's conduct become an issue.
- **Any student dismissed from the OSU Summer Music Camp will forfeit all paid expenses. If a student is dismissed from camp, parents will be expected to pick the student up in a timely manner.**

By signing below, I acknowledge receipt and review of the documents outlining policies, procedure, and rules of the OSU dormitories and OSU Summer Music Camp and agree to abide by these regulations.

Student (printed)

Parent (printed)

Student (signed)

Parent (signed)

Date

Date