CAMP COWBOY
Release of Liability/Medical Treatment Authorization Form

I, ____________________________________, understand that Camp Cowboy, of which I plan to be a participant, involves certain risks and that regardless of the precautions taken by Camp Cowboy, some bodily injuries may occur. Specific risks/hazards involved in Camp Cowboy include but are not limited to the following: (1) auto accidents while traveling to and from camp activities or traveling on the camp premises; (2) dehydration; (3) physical injury sustained while participating in camp activities; and (4) medical problems such as illness, allergies, etc.

1. In consideration for receiving permission to participate in Camp Cowboy, which is sponsored by Oklahoma State University, a component member of The Oklahoma A&M University System, I hereby release, waive, discharge, and covenant not to sue, and agree to hold harmless for any and all purposes, Camp Cowboy, Oklahoma State University, The Oklahoma A&M University System and its Board of Regents, and their officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES) from ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH, that may be sustained by me while participating in such activity, or while on the premises that is owned, leased, or controlled by RELEASEES, including travel to and from Camp Cowboy activities, including injuries sustained as a result of the negligence of RELEASEES. I understand this release does not apply to injuries caused by intentional or grossly negligent conduct on the part of the RELEASEES. I understand Camp Cowboy and Oklahoma State University are separate legal entities.

2. I am fully aware that there are inherent risks involved with Camp Cowboy and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, which may be sustained by me as a result of participating in said activity including injuries sustained as a result of the negligence of RELEASEES. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney’s fees, that may occur as a result of my participation in said activity including injuries sustained as a result of the negligence of RELEASEES. I understand this agreement to indemnify and hold harmless does not apply to injuries caused by intentional or grossly negligent conduct.

3. I understand that RELEASEES may not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

4. It is my express intent that this Release shall bind the members of my family and spouse if I am alive, and my heirs, assigns, and personal representatives if I am deceased, and shall be governed by the laws of the State of Oklahoma.

5. I understand RELEASEES cannot be expected to control all of the risks articulated in this form but RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless RELEASEES for any costs incurred to treat me, even if a RELEASEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation.

6. In signing this Release, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate, and complete consideration fully intending to be bound by the same, now and in the future. I represent that I am eighteen (18) years of age or older and am otherwise competent to execute this agreement. If the participant is younger than 18 then his/her parent or legal guardian must sign where indicated on page 2 below. I consent to the information on this form being shared with the Camp Cowboy Advisors and Director Staff.

SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS. CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.

_________________________________________  ______________________
PARTICIPANT SIGNATURE             DATE
Medical Release Form

PRINT NAME _____________________________________________ CWID 

DATE OF BIRTH ____________________ DRIVERS LICENSE # __________________________ STATE OF ISSUE ______

LOCAL ADDRESS ________________________________________________ LOCAL PHONE __________________

PERMANENT ADDRESS ____________________________________________ PERMANENT PHONE _____________

I am the parent or legal guardian of the Camp Cowboy participant indicated above, who is under the age of 18. I agree on behalf of my child or ward to all the terms contained in this Release.

____________________________________________________________

PARENT OR LEGAL GUARDIAN SIGNATURE (if participant is younger than 18)

___________________________________________________________

PRINT PARENT OR LEGAL GUARDIAN NAME

In the event of an emergency, contact:

Name: ______________________________________ Phone: __________________ Relationship:_____________________
Name: ______________________________________ Phone: __________________ Relationship:_____________________
Health insurance company __________________________________ Policy #: _____________________________

(Indicate “NONE” if not covered by a health insurance plan.)

Doctor’s name ______________________________________ Phone #: __________________

Please list any special services you may require due to an existing medical condition or physical disability, or any physical condition limiting your activities. ______________________________________________________________

List any allergies to drugs, food, insects, plants, etc. _______________________________________________________

List any medications you are taking and any dietary restrictions: _______________________________________________________

Do you have a history of: heart disease? __ high blood pressure? __ diabetes? __ epilepsy? __ asthma? __ other? __

Do you wear: glasses? __ contacts? __

Print Participant’s Name: ________________________________

I agree to follow all instructions and procedures in order to maintain a maximum level of safety.

________________________________________________________ Date _____________________

Participant’s signature

________________________________________________________ Date _____________________

Parent/Guardian signature (if participant is younger than 18)

State law may require you to be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.
Any person attending the Challenge Course must sign a participation agreement. Please bring the form with you and give it to the instructor.

The undersigned Applicant wishes to be accepted for participation in an Oklahoma State University Adventure Challenge Course Program to be organized by:

_______________________
(Organizing Agency or Group)

And in consideration of Oklahoma State University’s action in allowing the applicant to participate in such course, the undersigned acknowledges that the Challenge Course will necessarily involve participation in exercises which are, by their nature, physically demanding and will subject the applicant to stress, anxiety, and possible hazards, not all of which can be foreseen. It is fully understood that the applicant will be climbing and walking on cables, logs, ladders, walls and beams; at times, thirty feet above the ground. Reasonable precautions will be taken to protect the applicant.

The undersigned assumes all of the ordinary risks normally incidental to the nature of the program, including risks, which are not specifically foreseeable.

MEDIA RELEASE
I hereby authorize and give full consent to OSU Outdoor Adventure to copyright or publish all media in which I appear while engaged as a participant in any and all Outdoor Adventure programming. I further agree that Outdoor Adventure may transfer, use or cause to be used, these photographs or video for any and all exhibitions, public displays, publications, commercials, art and advertising purposes, without limitation, reservation or any compensation other than that receipt of which I hereby acknowledge.

MEDICAL TREATMENT RELEASE
In the event of an emergency, I do hereby authorize any x-ray examination, anesthetic, dental, medical, surgical diagnosis or treatment by a physician or dentist and any hospital service that might be rendered under the general, specific or special consent of the Outdoor Adventure staff.

HEALTH HISTORY: Do any of the following medical conditions apply to the undersigned. (Please explain if answering yes to any question.)

<table>
<thead>
<tr>
<th>Condition</th>
<th>NO</th>
<th>YES</th>
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<tbody>
<tr>
<td>Heart condition</td>
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<tr>
<td>Back or neck injuries</td>
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<td>Allergic reaction</td>
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<td>Knee, bone, or joint injuries</td>
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<td>Epilepsy, Seizures or asthma</td>
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<td>Recent surgeries</td>
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<td>Currently taking medications</td>
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<td>Pregnant</td>
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<tr>
<td>Other (please explain)</td>
<td></td>
<td></td>
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</tbody>
</table>

APPLICANT (print) ______________________________  AGE __________
SIGNATURE ___________________________ DATE ____ WITNESS __________
PARENT OR GUARDIAN __________________________________________
(If the applicant is under 18 years of age)

Be sure to fill out the back of this form
Outdoor Adventure

Waiver of Liability, Indemnity Agreement, and Assumption of Risk

Waiver: In consideration of permission to use, today and on all future dates, the property, facilities, and services of Oklahoma State University’s Outdoor Adventure program (hereafter referred to as OA), I, on behalf of myself, my heirs, personal representatives, or assigns, do hereby release, waive, discharge, and covenant not to sue OA, its directors, officers, employees, volunteers, independent contractors, and agents from liability from any and all claims arising from the ordinary negligence of OA or any of the aforementioned parties. This agreement applies to 1) personal injury (including death) from accidents or illnesses arising from participation in OA activities including, but not limited to, organized activities, workshops, observation, and individual use of facilities, premises or equipment; and 2) any and all claims resulting from the damage to, loss of, or theft of property.

Indemnification and Hold Harmless: I also agree to HOLD HARMLESS AND INDEMNIFY OA from all claims resulting from negligence and to reimburse them for any expenses incurred as a result of my involvement at OA. I further agree to pay all costs and attorneys’ fees incurred by OA in investigating and defending a claim or suit if my claim is withdrawn or to the extent a court or arbitration determines that OA is not responsible for the injury or loss.

Severability and Venue. The undersigned further expressly agrees that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as permitted by the law of State of Oklahoma and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, I agree that if legal action is brought, it must be brought in Payne County, Oklahoma.

Acknowledgement of Understanding: I have read this waiver of liability and indemnification agreement and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by the law in the State of Oklahoma.

Assumption of Inherent Risks: Physical activity, by its very nature carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. OA has facilities for and provides for activities including but not limited to rock climbing, backpacking, hang gliding, horse packing, surfing, snowboarding, mountaineering, caving, artificial wall climbing, and whitewater rafting. Use of OA facilities and the aforementioned activities may involve strenuous exertions using various muscle groups, some involve quick movements involving speed and change of direction, and others involve strenuous physical activity which places stress on the cardiovascular system. Environmental hazards include but are not limited to temperature and weather extremes, rock fall, encounters with dangerous wildlife, as well as extensive travel in 15 passenger vans.

The specific risks vary from one activity to another, but in each activity the risks range from 1) minor injuries such as scratches, bruises or sprains to 2) major injuries such as bone, joint or back injuries, loss of sight, concussions, and heart attacks to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know the nature of the activities at OA, I understand the demands of the activities relative to my physical condition and skill level, and I appreciate the types of injuries which may occur as a result of activities made possible by OA. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Acknowledgement of Understanding: I have read this assumption of risk and fully understand its terms. I acknowledge that I am signing the agreement freely and voluntarily and intend my signature to signify a complete assumption of the inherent risks of participating in or observing recreational activities at OA to the greatest extent allowed by law in the State of Oklahoma.

Signature: ___________________________ Date: ___________________________