

Central Oklahoma Camp and Conference Center

Activity and Medical Form

Form must be SIGNED and HANDED to Central Oklahoma Camp Staff prior to participation.

WAIVER OF LIABILITY

PARTICIPANT'S FULL NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE No: (____) _____ **EMAIL:** _____ **DATE OF BIRTH:** _____

In order to participate in these activities, I, the undersigned, agree and acknowledge that there is risk of injury resulting from participation in these activities or from the equipment involved. (i.e. cuts, bruises, scrapes, insect bites, fractures, falls, fatalities, etc.) I freely assume all such risks both known and unknown and assume full responsibility for my participation.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Central Oklahoma Camp, their officers, officials, agents and or employees, from any and all liability for injury, illness, disability, death, loss or damage to personal property, even if arising from the negligence of those persons aforementioned, except that which is the result of gross negligence and/or wanton misconduct. Participant agrees to indemnify and hold Central Oklahoma Camp harmless for any accidents, illness, injury, loss or damage of property, and from any legal fee that may occur as a direct or indirect result of participation in activities or volunteering at Central Oklahoma Camp.

This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law in the State of Oklahoma and that if any portion thereof is held invalid, it is agreed that the balance shall, not be withstanding, continue in full legal force and effect. Likewise, Participant agrees that if legal action is brought, it must be brought in Logan County, OK.

The participant agrees to abide by the rules and directives from Central Oklahoma Camp Staff at all times while present at the venue.

Please read and initial the following rules.

Initials: _____ No participant shall engage in any behavior **A)** likely to cause injury to themselves, other participants or employees/agents of Central Oklahoma Camp; **B)** likely to cause damage to the equipment or property of Central Oklahoma Camp or its agents; **C)** any other behavior deemed unacceptable by Central Oklahoma Camp or its agents.

Initials: _____ Each participant is recommended to wear close toed shoes for the paddle boards and ropes course. Central Oklahoma Camp is not at fault if a participant chooses not to wear closed toed shoes.

Initials: _____ Any participant that refuses or is unable to comply with these rules will not be permitted to participate and/or may be asked to leave the activity.

Initials: _____ Any participant that is injured, or observes another participant injured, shall immediately notify Central Oklahoma Camp staff.

Initials: _____ **PHOTO RELEASE:** I hereby give consent for participant to attend and participate in activities through Central Oklahoma Camp. Pictures, audio tapes and video tapes may be taken of participant for use in news releases, social media, print advertisement, electronic publications, and/or educational materials that is in the proper interest of Central Oklahoma Camp. **Please alert Central Oklahoma Camp staff if participant is in state custody and cannot be photographed, due to lack of consent or other reasons.**

I acknowledge, understand and agree that I have read this release of liability/photo release and assume all risk associated with participating and that I sign this release of liability/photo release voluntarily and without inducement.

_____ Date: _____
PARTICIPANT'S Signature (ALL participants, including minors, must sign)

_____ Date: _____
Parent/guardian's Signature (All participants under the age of 18 at the time of participation must have a parent or guardian sign below.)

MEDICAL RELEASE

In the event of an emergency or non-emergency situation requiring medical treatment, I DO HEREBY AUTHORIZE Central Oklahoma Camp to consent to any medical treatment or procedure upon the advice of a physician, licensed under the law of Oklahoma. I recognize and understand that in situations where Participant may require immediate medical or hospital care, and parent/guardian is not available to evaluate and choose treatment, then hereby authorize professional judgment to determine if medical assistance is necessary for the health or safety of Participant. This permission includes but is not limited to the administration of first-aid by certified camp personnel, the use of an ambulance, and/or treatment by licensed medical personnel. CENTRAL OKLAHOMA CAMP WILL MAKE EVERY EFFORT TO CONTACT THE PARENT/GUARDIAN BEFORE TAKING ACTION. In the event of an injury or medical need, expenses incurred will be the responsibility of each individual (private pay), individual personal insurance, or group insurance from the sponsoring group, and Central Oklahoma Camp thirdly.

Date: _____

PARTICIPANT'S Signature (ALL participants, including minors, must sign)

Date: _____

Parent/guardian's Signature (All participants under the age of 18 at the time of participation must have a parent or guardian sign below.)
