



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

Name of Trip/Event/Programming: _____

Date(s) of Participation: _____

Participant Name: _____

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

Participant Date of Birth: _____

Participant Address: _____

Parent or Guardian Name (if applicable): _____

Parent or Guardian Address (if applicable): _____

I hereby affirm and acknowledge the following:

Informed Consent: I have been informed by the University and am confident that I understand the various aspects of this Trip/Event/Programming named above, including but not limited to the arrangements for finances, any travel/itinerary, safety precautions or practices necessary, and logistics. I further understand and acknowledge that despite careful planning and supervision, serious injuries, sickness, or disease might occur during this Trip/Event/Programming as a result of various dangers or risks associated with it, including but not limited to the following

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 risks 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/Event/Programming, 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/Programming. 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 affirm 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.

Conduct/Behavioral Expectations: I Understand that SNU is Owned by the Church of the Nazarene and has beliefs consistent with the sponsoring denomination. As a participant in this Trip/Event/Programming, I agree to respect these guidelines and I will abide by the expectations of this community while on the SNU campus or representing the SNU Community outside of 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/Programming and to follow instructions when given by the University or any Trip/Event/Programming official. I acknowledge that I am responsible for my actions and cannot expect 24-hour supervision by the University or any Trip/Event/Programming official. I further grant the right to the University or any Trip/Event/Programming official to terminate my participation in the Trip/Event/Programming if it is

determined that my conduct is detrimental to the best interest of the group. If I my participating must be terminated in this way and I must return home from the Trip/Event/Programming, costs shall be solely 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/Programming.

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.

Use of Image and Sound: I understand that the University may photograph, video record, and/or audio record me and my activities during the course of my participation in the Trip/Event/Programming. I further understand that the University may choose to use any such recordings and/or images at their sole discretion for promotional or other purposes. I freely consent to both the image and sound captures and the use of same by the University in perpetuity.

WITH MY SIGNATURE BELOW, I AFFRIM THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE INFORAMTION AND TERMS PROVIDED IN THIS DOCUMENT. I EXECUTE IT NOW VOLUNTARILY WITH FULL KNOWLDEGE OF ITS LEGAL SIGNIFICANCE.

_____	_____		
Date	Cell Phone		

Signature of Participant or Adult Guardian	Address		

Printed Name of Participant or Adult Guardian	City	State	Zip

EMERGENCY CONTACT INFORMATION FOR SOUTHERN NAZARENE UNIVERSITY

Emergency Contact Information – I

Name: _____

Relationship to Participant: _____

Cell Number: _____

Home Phone: _____

Physician’s Name: _____

Health Insurance Co: _____

Ins ID#: _____

Emergency Contact Information – II

Name: _____

Relationship to Participant: _____

Cell Number: _____

Home Phone: _____

Phone: _____

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

Both pages of the form must be completed and turned in prior to the Trip/Event/Programming and/or participation.