FORM I- THIRD PARTY – VIRTUAL PROGRAM RELEASE FORM

On this ________ day of ________________________, 20______, I certify that I am the Legal Representative of ____________________________________________________, (Youth’s Name) hereinafter (“Youth”), of _______________________ (Home Town), ________(State), and I have full authority to and do give permission for Youth to participate in ______________________________ (name of the virtual event), hereinafter (“the Event”) sponsored by the University of Oklahoma hereinafter (“the University”).

Notification.
I understand and agree to notify the Event supervisor ____________________________ ________ at (_________) -_____________________ immediately of any injuries Youth sustains as a result of the Event and of any inappropriate behavior Youth experiences related to the Event. I certify that I have read and understand the Event rules and the University Virtual Programs for Youth’s Protocols as well as any behavioral expectations of Youth related to the virtual program and have explained said rules to Youth. I also understand and agree that if any issues of sexual misconduct, harassment or assault occur, I will immediately report those to both the Event supervisor ________________________ at (______) -__________________ and the University’s Sexual Misconduct Officer at 405-325-2215 or https://www.ou.edu/eoo/policies-and-procedures. Initials: _____

Multimedia Communication Authorization. Third Party Online Virtual Programs for Minors will be offered on the ZOOM or similar platform and the use of multimedia communications will be implemented. I consent to Youth participating on the ZOOM or similar platform under the conditions described herein. As described in the University’s Virtual Programs for Youth’s Protocols, Event supervisors/online teachers are not permitted to send private direct messages, texts, chats, or personal emails to Youth. However, Group messages and posts regarding the Event are acceptable and must be viewable by all Youths and their parents or guardians. In order for the Event supervisors/online teachers to provide necessary communications to Youth they may text or email for program purposes only, and they must copy Youth’s Parent(s) or Legal Guardian(s). In order to comply Parents and/or Legal Guardians must provide current phone number and email address below and consent to these communications. Initials: _____

Release and Waiver. I, for and on behalf of Youth, myself, my and Youth’s personal representatives, heirs, assigns and next-of-kin, hereby release, waive, forever discharge, indemnify and covenant not to sue the Board of Regents of the University of Oklahoma, its officers, members, employees, volunteers, agents and representatives for any and all loss, damages, claim, demand, action or right of action, arising from or by reason of any injury resulting or to result from participation in the Event. I, for and on behalf of Youth, myself, my and Youth’s personal representatives, heirs, assigns and next-of-kin, agree to hold harmless, defend and indemnify, for any and all loss, damages, claim, demand, action or right of action, arising from or by reason of any injury resulting or to result from participation in the Event. This contains the entire agreement between the parties hereto and all terms are contractual and not a mere recital. I further state that Youth and I have each carefully read the foregoing Release and Acknowledgement as his/her own free and voluntary act. I am at least eighteen years of age and sign this Release and Waiver voluntarily.

____________________________________________ /___________________________________
Parent/Guardian (Printed Name)                                        Relationship
_____________________________________________ / _______________________________
Signature       Date

Address, Phone number and Email of Parent and/or Legal Guardian:
City__________________________________State___________________Zip_________________
Cell Phone: ______________________________    Work Phone: ____________________________
Email address: ________________________________________
Participant Cell Phone: _________________________________
Participant Email address: ________________________________

Emergency Contact other than parent or guardian if they cannot be reached:
Contact________________________________________________________________________
Phone _______________________________________________________

Any questions regarding this form should be directed to the Head Supervisor
______________________________________________ at ___________________________.