

**FORM I- THIRD PARTY – VIRTUAL PROGRAM RELEASE FORM**

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, I certify that I am the Legal Representative of \_\_\_\_\_,  
(Minor’s Name)  
hereinafter (“Minor”), of \_\_\_\_\_, \_\_\_\_\_, and I have full authority to and do give permission for Minor to participate  
(Home Town) (State)  
in \_\_\_\_\_, hereinafter (“the Event”), sponsored and hosted by \_\_\_\_\_ (“Event  
Sponsor”).

**Notification.** I understand and agree to notify the Event supervisor \_\_\_\_\_ at 405-\_\_\_\_\_ immediately of any injuries  
Minor sustains as a result of the Event and of any inappropriate behavior Minor experiences related to the Event. I certify that I have  
read and understand the Event rules and the University Virtual Programs for Minors Protocols as well as any behavioral expectations  
of Minor related to the virtual program and have explained said rules to Minor. 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 405-\_\_\_\_\_ and the University’s Sexual Misconduct Officer at 405-325-2215 or  
[www.ou.edu/home/misc.html](http://www.ou.edu/home/misc.html). 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. The ZOOM platform policy regarding the  
collection, use, and disclosure of data from minors is laid out in their Children’s Educational Privacy statement which can be found at  
<https://explore.zoom.us/en/schools-privacy-statement/>. I have reviewed the ZOOM Children’s Educational Privacy Statement, and I  
consent to Minor participating on the ZOOM or similar platform under the conditions described herein. As described in the  
University’s Virtual Programs for Minors Protocols, Eventsupervisors/online teachers are not permitted to send private direct  
messages, texts, chats, or personal emails to Minor. However, Group messages and posts regarding the Event are acceptable and must  
be viewable by all Minors and their parents or guardians. In order for the Event supervisors/online teachers to provide necessary  
communications to Minor they may text or email for program purposes **only**, and they **must** copy Minor’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 Minor, myself, my and Minor’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 Minor,  
myself, my and Minor’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 Minor 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

\_\_\_\_\_  
School/Squad Name (if applicable)

Address of Parent and/or Legal Guardian:

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell 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 405-\_\_\_\_\_.