

OASC

PARTICIPANT ASSUMPTION OF RISK, WAIVER AND RELEASE THIS FORM MUST BE COMPLETED BEFORE ANY PARTICIPATION WILL BE ALLOWED

Participant's Name _____ Date of Birth ____ / ____ / ____

Address _____ City _____ ZIP _____

Age _____ Grade _____ Student Cell ____ - ____ - ____ Parent Phone ____ - ____ - ____

Student email _____ Parent email _____

AGREEMENT WAIVER AND RELEASE

In consideration of being permitted by the Oklahoma Association of Student Councils ("OASC") to participate in _____ (the "Workshop"), I hereby agree to the following:

I acknowledge that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including cases in Oklahoma. In accordance with the most recent guidance and protocols issued by the World Health Organization, the Centers for Disease Control and Prevention, the Oklahoma State Department of Health and the Oklahoma City-County Health Department ("Public Health Authorities"), for slowing the transmission of COVID-19, I agree, represent and warrant that I will not participate in the Workshop if I (i) experience symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) have a suspected, diagnosed or confirmed case of COVID-19. I agree to notify OASC immediately if I believe that any of the foregoing restrictions may apply.

I acknowledge that OASC has taken certain steps to implement recommended guidance and protocols issued by Public Health Authorities for slowing the transmission of COVID-19, including, without limitation, the restrictions described above, a requirement to wear face coverings or masks, limitations on the number of participants in an area, classroom, or facility, and social distancing requirements. While acknowledging that these restrictions and other precautionary measures may or may not be effective in mitigating the spread of COVID-19, I agree to comply with such restrictions and precautionary measures at all times during my participation in the Workshop. I acknowledge and agree that OASC may revise its procedures, including without limitation, suspension or cancellation of the Workshop, at any time based on updated recommended guidance and protocols issued by the Public Health Agencies. I further acknowledge and agree that due to the nature of the Workshop, social distancing of 6 feet per person may not be possible at all times. I fully understand and appreciate both the known and potential dangers of utilizing the facilities and participating in the Workshop and acknowledge that my use of the facilities or participation in the Activity may, despite, OASC's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability and/or death.

I hereby waive, release and discharge any and all claims for damage for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in the Workshop under the supervision of OASC employees, students, representatives or agents. This release is intended to discharge in advance the Oklahoma Association of Student Councils, its Board, officers, employees, representatives and agents from any and all liability arising out of or connected in any way with my participation in the Workshop under the supervision of OASC employees, students, representatives or agents, even though that liability may arise out of negligence or carelessness on the part of those parties. It is understood that activities such as the ones I will be participating in involve an element of risk and danger of accidents, or injury, including without limitation the risk and dangers acknowledged in this Agreement, and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold harmless, the Oklahoma Association of Student Councils, its Board, officers, employees and agents from any loss, liability, damage, cost or expense which they may incur as the result of my participation, death or any injury or property damage that I may sustain while participating in the Workshop, while under the supervision of OASC employees, students, representatives or agents.

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I understand that by participating all Participants consent to photo images taken by the Oklahoma Association of Student Councils staff during this activity to be used in any or all OASC publications and websites.

By signing this Agreement, I acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify in another, and the inherent risk of exposure during the Workshop to those who may be infected with COVID-19. I voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participating in the Workshop and that such exposure or infection may result in personal injury, illness, permanent disability, and/or even death.

CONSENT OF PARENT/GUARDIAN

I am the parent or legal guardian of the participant listed above. I hereby certify that the participant is at least 13 years of age and I consent that the participant may participate in OASC activities and I hereby execute the Agreement, Waiver and Release on his/her behalf. I hereby affirmatively state that the said Participant is physically able to participate in said Workshop. I hereby agree to indemnify and hold OASC and the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense that they may incur as result of the death or any injury or property damage that said participant may sustain while participating in activities at the Workshop.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE OKLAHOMA ASSOCIATION OF STUDENT COUNCILS AND I SIGN IT OF MY OWN FREE WILL.

Student Name _____

Parent or Legal Guardian Name _____

Signature _____ Date _____