

OASC BASIC SIGNATURE PAGE

As we do with our other OASC events, with students who have to cancel late or leave early, we will not be able to reimburse students that are sent home due to covid symptoms, positive test, or close contact with a positive case due to upfront costs for the workshop.

THE WORKSHOP WILL FOLLOW CURRENT CDC GUIDELINES AND COVID POLICY SET BY THE OASC. IT IS OUR GOAL THAT WE WILL HAVE A WORKSHOP THAT MAINTAINS THE HIGH STANDARD OF EXCELLENCE THAT IT IS KNOWN FOR WHILE MAINTAINING THE HEALTH AND SAFETY FOR ALL INVOLVED!

Please follow the next steps to complete the registration process:

1. Advisor will print this confirmation email.
2. Obtain the 4 required signatures (Advisor, Principal, Parent/Guardian, Student).
3. Gather payment of \$375 per delegate with checks made payable to: OASC BASIC.
4. Go to the OASC Website(www.oascok.org) to print off the required updated OASC Health Form, the OASC Participant Assumption of Risk Waiver and Release Form and complete with signatures to be mailed with your confirmation email.
5. Advisor please gather and mail:
 - a) confirmation email
 - b) page with the 4 required signatures
 - c) completed updated OASC Health Form and Participant Assumption of Risk, Waiver and Release Form from www.oascok.org
 - d) all payments & forms(includes PO's) – Checks made to OASC BASIC

THIS MUST BE DONE TO ENSURE YOUR STUDENT(S) REGISTRATION IS COMPLETE!
DO NOT MAIL ITEMS SEPARATELY. ALL PAPERWORK FOR A DELEGATE NEEDS TO ARRIVE TOGETHER.

PAYMENTS ADVISORS (IF YOU NEED AN INVOICE PLEASE EMAIL Shawn Freeman at freemans@adapss.com) AND FORMS MUST BE POSTMARKED BY MAY 10TH, 2022 TO AVOID AN ADDITIONAL \$50 LATE FEE PER DELEGATE!
Any REGISTRATION that occurred after May 1 will have a \$50 late fee assessed.

Once all documents are received by registrar, an official email will be sent to the student and the parent email listed on registration. This email will contain all the information about what to expect, what to bring, and other important information for the delegate and parent.

MAIL TO:
OASC BASIC REGISTRATION
C/O Shawn Freeman
1111 East Central Blvd
Ada, OK 74820

Please direct any questions to Shawn Freeman freemans@adapss.com
Thank You For Registering!

REQUIRED SIGNATURES

I certify that this is an official delegate of my school to the OASC BASIC Leadership Workshop. I understand all rules and policies and the results of any infraction by this delegate. I agree that the school will be ultimately responsible for the registration fees associated with this registration. This applies to delegates who attend and to no shows.

PRINCIPAL SIGNATURE & DATE

I have checked the above information and all blanks are completed. This is an official delegate of our school and I understand the consequences of rule violations by a student delegate. This student has not attended the BASIC Workshop before. I agree that the school will be ultimately responsible for the registration fees associated with this registration. This applies to delegates who attend and are no shows.

ADVISOR SIGNATURE & DATE

I give permission for my child to attend the OASC BASIC Workshop. I understand and agree that my child will abide by the BASIC Workshop and the OASC policies and understand the consequences of rule violations.

PARENT/GUARDIAN SIGNATURE & DATE

I agree to abide by BASIC Workshop and OASC policies and understand the consequences of rule violations.

STUDENT SIGNATURE & DATE

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"), _____, student delegate, 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 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, Staff 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.

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

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 _____
Parent Signature _____ Date _____
Student Signature _____ Date _____