



RELEASE, WAIVER AND CONSENT FORM

I certify that I am the Legal Representative of _____ (“Minor” or “my child”) and I have full authority to and do give permission for Minor to participate in Camp Blue Hawk, sponsored by the Board of Regents of the University of Oklahoma, through the Harold Hamm Diabetes Center and OU Children’s Physicians (collectively hereinafter “University of Oklahoma” or “University”) to be held at Central Christian Camp & Conference Center in Guthrie, OK.

_____ **UNIVERSITY AND EVENT RULES:** I acknowledge that I have read the University’s rules stated herein or as otherwise advised by Camp Blue Hawk personnel, and as published on the University’s websites, <http://students.ouhsc.edu/FormsandPolicies.aspx> and www.ou.edu/home/misc.html and understand and agree to abide by all University and Camp Blue Hawk rules and policies. Failure to comply with these rules or any other rule established by Camp Blue Hawk may result in my child’s immediate removal from the camp. I certify that I have read and understand Camp Blue Hawk rules and have explained said rules to my child. I understand and agree to notify Camp Blue Hawk Coordinator Elvie Ellis at 405-271-8001x43030 immediately of any injuries my child may sustain as a result of Camp Blue Hawk and of any inappropriate behavior my child may experience related to Camp Blue Hawk. I also understand and agree that if any issues of sexual misconduct, harassment or assault occur, I will immediately report those to both Camp Blue Hawk Program Manager Heather Simmons at 405-271-8001 x43203 and the University’s Sexual Misconduct Officer at 405-325-2215 or www.ou.edu/home/misc.html.

_____ **TALENT RELEASE:** I understand that the University often produces promotional material relating to its programs. I understand that as a participant at Camp Blue Hawk, my child may be included in videotapes or photographs taken during camp. Therefore, without reservation or limitations, I, in my own behalf and on behalf of my child, hereby assign, transfer and grant to the University of Oklahoma, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape my child and to utilize such videotapes and photographs and my child’s name, face likeness, voice and appearance as a part of Camp Blue Hawk, in advertising and promoting the camp in advertising and promoting similar future events at no charge.

_____ **RELEASE AND WAIVER:** I, for and on behalf of my child, myself, my and my child’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 Camp Blue Hawk. I, for and on behalf of my child, myself, my and my child’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 Camp Blue Hawk. This contains the entire agreement between the parties hereto and all terms are contractual and not a mere recital. I further state that my child 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.

_____ **PATIENT CARE AUTHORIZATION:** I voluntarily consent for my child to receive care encompassing physical examinations, diagnostic procedures, medical treatments, and emergency medical care by an OU Physicians provider and/or their assistant as deemed necessary for myself or minor child. I understand that OU Physicians will release information, including insurance information, for treatment in the event my child needs emergency medical care while at or in transportation to/from Camp Blue Hawk.

_____ **CHECK-OUT AUTHORIZATION:** Camp Blue Hawk is not authorized to release a camper to anyone other than the parent/guardian of the child. In the event that someone other than a parent/guardian will be picking up your child, please complete the required information below. (Photo ID and initials/signatures will be required at Check-Out).

I hereby grant permission for Camp Blue Hawk to release my child, _____, to the individual(s) listed below:

Name	Relationship	Phone
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Name	Relationship	Phone
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____ **SEARCH CONSENT:** I understand that Camp Blue Hawk is responsible for the health and welfare of campers and staff. In the event that there is reasonable suspicion that my child has an item that would negatively impact the health and welfare of campers and staff, I consent to a search of my child's belongings.

____ **MEDICAL EQUIPMENT CONSENT:** I understand that Camp Blue Hawk staff and volunteers will make every effort to protect the devices my child has at camp. I will not hold the University of Oklahoma responsible for the loss or damage of any device, including (but not limited to) insulin pumps and continuous glucose monitors.

Print full name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Date: _____

Address of Parent and/or Legal Guardian:

City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email address: _____

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

Contact _____

Phone _____