Northeastern State University Summer Camps
Release of Liability and Medical Treatment Authorization Form

I, ____________________________, understand that Northeastern State (NSU), of which I plan to be a participant, involves certain risks and that regardless of the precautions taken by NSU, some bodily injuries may occur. Specific risks/hazards involved in NSU summer camps include but are not limited to the following: (1) auto accidents while traveling to and from camp activities or traveling on the camp premises; (2) dehydration; (3) physical injury sustained while participating in camp activities; and (4) medical problems such as illness, allergies, etc.

1. In consideration for receiving permission to participate in NSU summer camps, which is sponsored by Northeastern State University (NSU), a component member of The Regional University System of Oklahoma (RUSO), I hereby release, waive, discharge, and covenant not to sue, and agree to hold harmless for any and all purposes, NSU, RUSO and its Board of Regents, and their officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES) from ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH, that may be sustained by me while participating in such activity or while on the premises that is owned, leased, or controlled by RELEASEES, including travel to and from NSU summer camp activities, including injuries sustained as a result of the negligence of RELEASEES. I understand this release does not apply to injuries caused by intentional or grossly negligent conduct.

2. I am fully aware that there are inherent risks involved with NSU summer camps and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, which may be sustained by me as a result of participating in said activity including injuries sustained as a result of the negligence of RELEASEES. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney’s fees, that may occur as a result of my participation in said activity including injuries sustained as a result of the negligence of RELEASEES. I understand this agreement to indemnify and hold harmless does not apply to injuries caused by intentional or grossly negligent conduct.

3. I understand that RELEASEES may not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

4. It is my express intent that this Release shall bind the members of my family and spouse if I am alive, and my heirs, assigns, and personal representatives if I am deceased, and shall be governed by the laws of the State of Oklahoma.

5. I understand RELEASEES cannot be expected to control all of the risks articulated in this form but RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless RELEASEES for any costs incurred to treat me, even if a RELEASEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation.

6. In signing this Release, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate, and complete consideration fully intending to be bound by the same, now and in the future. I represent that I am eighteen (18) years of age or older and am otherwise competent to execute this agreement. If the participant is younger than 18 then his/her parent or legal guardian must sign where indicated on page 2 below. I consent to the information on this form being shared with the NSU summer camps Executive Director, Director Staff, and Emeritus.
Additional signature required if participant is younger than 18 years old during registered summer camp Session dates.

I am the parent or legal guardian of the NSU summer camp participant indicated above, who is under the age of 18 during the registered summer camp Session dates. I agree on behalf of my child or ward to all the terms contained in this Release.

PRINT PARENT OR LEGAL GUARDIAN NAME

PARENT OR LEGAL SIGNATURE ___________________________ DATE ________________

In the event of an emergency, contact

Phone

Health Insurance company

Policy #

(Illustrate "NONE" if not covered by a health insurance plan.)

Doctor’s name

Phone

Please list any special services you may require due to an existing medical condition or physical disability, or any physical condition limiting your activities:

List any allergies to drugs, food, insects, plants, etc:

List any medications you are taking:

List any dietary restrictions:

Health History, please check that apply:

Heart Condition/Disease

Psychological Conditions

Asthma

Physical Disability

Seizure Disorder

Epilepsy

Diabetes

Other Disability

If any of the above are checked, please provide additional details:

Please circle response:

Do you wear glasses? Yes or No

Do you wear contacts? Yes or No

Do you have any swimming or water activity restrictions? Yes or No

If yes, please explain ___________________________

State law may require you to be informed of the following:

(1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.
NSU RELEASE

STUDENT’S NAME: ____________________________________________________________

ADDRESS (Campus or Permanent): ______________________________________________

DEPARTMENT: ___________________________________________________________________

I understand this is a standard Northeastern State University form that gives the University
permission to use photographs, video clips, other images, etc. from _______ (activity). Said use includes but is not limited to the University’s web
sites, promotional brochures, newsletters, postcards, etc. including any and all publicity
materials, current and future.

For consideration received, I hereby grant to Northeastern State University, their successors
and assigns, and those acting under their permission, or upon their authority, or those by
whom they are commissioned:

(1) The unqualified right and permission to reproduce, copyright, publish, circulate and
otherwise use photographs and/or video tapes of me, whether taken in a studio or elsewhere,
in black-and-white or in colors, alone or in conjunction with other persons. I hereby waive the
opportunity or right to inspect or approve the finished photographs or video tapes or the use to
which it may be put or the copy or illustrations used in connection therewith.

(2) All my right, title and interest in and to all negatives, prints, tapes, and reproductions
thereof, and I do hereby release the aforesaid parties and their successors and assigns, if any,
from any and all rights, claims, demands, actions or suits which I may or can have against them
on account of the use of publication of said photographs and/or motion pictures or tapes. I
have read and understood the release stated above and do hereby agree to its terms and
conditions.

If participant under age 18

__________________________________________
Student Signature

__________________________________________
Parent/Guardian Name

__________________________________________
Parent/Guardian Signature

__________________________________________
Date

__________________________________________
Date
NSU Summer Camp’s Pick-Up Release

I ______________________, give the individuals listed below permission to drop off or pick up the following student(s): ____________________________.

Name: ____________________________ Phone Number: ____________________________

1. ____________________________

2. ____________________________

3. ____________________________

4. ____________________________

______________________________  ____________________________
Parent Signature              Date