

# WAIVER OF LIABILITY / PERMISSION / MEDICAL RELEASE FORM

*This form is required for an individual staying overnight as a Preview Day Guest on Southwestern Christian University's campus.*

Guest's Name: \_\_\_\_\_

Guest's Date of Birth: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_

Home Address \_\_\_\_\_

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

Please let us know if you have any medical conditions, allergies, or other relevant information which we should be aware in the case of an emergency.

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## **Emergency Contact Information**

Name of Parent/Guardian: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

We are so excited that you have chosen to stay overnight at Southwestern Christian University. This is an excellent opportunity for you to explore daily life at our University. We ask that all overnight visitors agree to the following standards:

- While on campus, I will be held to the same standards and code of conduct as an enrolled student
- I am aware that although Southwestern Christian University has agreed to host me overnight, neither the Admissions Office nor any other office or personnel of Southwestern Christian University will be supervising me at all times during my stay on campus.
- I am aware that participants in on-campus visitation programs are required to abide by Oklahoma state law, and I agree to do so. I acknowledge that Oklahoma law prohibits all use of illegal drugs and prohibits the drinking of alcoholic beverages by persons under 21 years of age.

## Please Read Waiver of Liability and Sign

I hereby release, indemnify and hold harmless Southwestern Christian University, its Trustees, employees, volunteer workers, students, agents, and assigns from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my/my child's participating, including any and all travel risks in this visit to Southwestern Christian University. Participating in any activity is an acceptance of some risk of injury. I agree that my/my child's safety is primarily dependent upon my/my child taking proper care of myself/my child's self. Despite precautions, accidents and injuries may occur, and injury and/or loss or damage to personal property may occur as a result of participation in this visit. Therefore, I assume all risks related to the activities. In case of an emergency and if my parent/we cannot be reached, I do hereby authorize a representative of Southwestern Christian University to consent to any medical treatment or care deemed advisable. My signature below indicates that I have read, understood, and freely signed this agreement, which shall take effect as a sealed instrument. I expressly agree that this agreement shall be construed and enforced in accordance with Oklahoma laws, and I consent to the jurisdiction of said state. I agree that this waiver and release is intended to be as broad and inclusive as permitted under Oklahoma laws so that if any portion hereof is held invalid, the balance shall continue in full legal force and effect.

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Signature of Individual

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Date

Parent/Guardian Section (needed if under 18 years of age)

I give permission for my student, the participant named above, to visit Southwestern Christian University from November 9<sup>th</sup> - November 10<sup>th</sup>, 2023.

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Signature of Parent/Guardian

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Date