



2017 Volleyball Kids Clinic Noble Complex

Phone: 405.585.5302 | Fax: 405.585.5308

Date: Saturday, August 12, 2017 Time: 10 a.m. - 12:00 p.m.

Participant Name #1: _____

Participant Name #2: _____

*Please put additional participant's name on back of this sheet.

Age of Participant (s): _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

How did you hear about the Free Kid's Clinic?

Website Email Friend Flyer Other

If other, please explain: _____

Do you have volleyball season tickets? Yes No

If no, would you like season ticket information? Yes No

Parent/Guardian Signature: _____

For any questions and/or to register, contact Deonne Moore at
Deonne.Moore@okbu.edu or call 405.585.5302

Oklahoma Baptist University Athletics

Liability Release Form

Assumption of Risk

Important: This is a legal document. Please read and understand this document before signing.

Waiver, Release and Indemnification

I agree to indemnify and hold harmless Oklahoma Baptist University, their contracted agents, volunteers, and employees from all claims, damages, losses, injuries, and expenses arising out of or resulting from participation in these promotional activities. I further agree to release, acquit, and covenant not to sue Oklahoma Baptist University, their contracted agents, volunteers and employees for all actions, causes of action, claims or damages in law, or remedies in equity of whatever kind, including the negligence of Oklahoma Baptist University, my family or myself against Oklahoma Baptist University arising out of participation in these promotional activities.

In short, I cannot sue Oklahoma Baptist University, their contracted agents, volunteers, or employees for any damages, liabilities, costs, and expenses that I now have or may hereafter have by reason of participation in this promotional activity.

I acknowledge that no guarantees have been made with respect to achieving objectives. I authorize and release to Oklahoma Baptist University or its designated representative the use of my image or my children's image in any still photograph, video recording, or audio recording resulting from participation in this promotional activity for any purpose at the sole discretion of Oklahoma Baptist University.

I have adequate health, disability, and life insurance for myself, family and (my) minor children. I hereby give permission for transportation to any medical facility or hospital and I authorize for any qualified medical personnel to render necessary emergency medical care.

I, _____, of my own free will understand and acknowledge the

(Parent's Name)

risks and liabilities for myself, family, and (my) minor children this ___ day of _____ 2017.

I have carefully read this release, fully understand its terms, and intend by my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

(Print Child's Name)

Date

(Print Parent/Guardian's Name)

Date

(Parent/Guardian's Signature)

Date

Street Address

City/ State/ Zip

Email/Phone Number