SEMINOLE STATE COLLEGE

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY

FOR ATHLETIC PARTICIPATION, ATHLETIC TRY-OUTS AND CAMPUS ACTIVITIES INCLUDING
OVERNIGHT VISITS

THIS AFFECTS YOUR LEGAL RIGHTS

PLEASE READ CAREFULLY BEFORE SIGNING

I, ______________________, fully understand and appreciate the physical risks to me while engaging
in athletics, athletic try-outs and campus activities including overnight visits.

I certify that I am in good physical health, that I am physically able to perform all activities associated with
athletic participation, athletic try-outs and campus activities including overnight campus visits, and that I have no
known physical conditions that could be worsened or aggravated by my participation.

In consideration for Seminole State College permitting me to participate in athletics, athletic try-outs, and
campus activities including overnight campus visits and by signing below, I, for myself, my parents, children, heirs,
beneficiaries, personal representatives and assigns and a for all persons and entities having any claim arising
through me, do hereby waive, release, and discharge Seminole State College Board of Regents and the State of
Oklahoma, their officers, agents, representatives and employees from and against any and all liability, claim or
action whatsoever arising out of or related to any injury (including death), loss or damage that I may sustain in any
way connected with my participation in athletics, athletic try-outs, and campus activities including overnight
campus visits.

I am either eighteen (18) years of age or older or my parents or legal guardians have joined me in signing
this instrument.

Student:

_____________________________  _____________________
Signature                          Date

_____________________________
Printed Name

Parent/Legal Guardian:

_____________________________  _____________________
Signature                          Date

_____________________________
Printed Name