

Circle One
BS MB WB
SB VB G T

SEMINOLE STATE COLLEGE
ACKNOWLEDGMENT, 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 of 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 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