

**UNIVERSITY COMMUNICATIONS AND MARKETING
PHOTOGRAPH/VIDEO AUTHORIZATION AND RELEASE**

I _____, in consideration of the mutual covenants contained herein authorize my photograph/video taken of me by OAKLAND UNIVERSITY, to be reproduced for the purpose(s) of editorial, illustration, advertising, trade or any other publication of OAKLAND UNIVERSITY; and hereby release and discharge OAKLAND UNIVERSITY, its employees, officers, representatives or agents, from any and all suits, causes of action, claims, demands or obligations of any kind arising out of the reproduction of my photograph/video for the above stated purposes. I understand that Oakland University will provide me, upon my request a copy of the published article with my photograph at no cost or a copy of the video or any portion of the video which is reproduced upon payment for any copying costs.

Print Name

Telephone number

Address

Signature

Date

If authorizer is under eighteen years of age:

Print Name

Relationship to authorizer

Signature

Date



Supervisor: _____

Department: _____

OAKLAND UNIVERSITY

RELEASE AND WAIVER RELATED TO _____

For: _____ (“Participant”)

Event: _____ (“Event”)

Event Date/Location: _____

In consideration of being permitted to participate in and/or observe all or any part of the Event, including without limitation the use of facilities, equipment, grounds and/or personnel, Participant understands, acknowledges, agrees, represents and warrants that:

(1) Voluntary Participation. Participation in and observation of all or any portion of the Event is voluntary and Participant may refuse to observe or participate at any time.

(2) Assumption of Risk. Participation in and/or observation of the Event or any portion of the Event may involve risk of temporary and/or permanent bodily injury, property damage, death, and other dangers. Participant voluntarily and freely assumes all such risks.

(3) Health and Safety. There are no health-related reasons or problems that preclude or restrict Participant from participating in the Event. If Participant is injured during the Event, Oakland University and its trustees, officers, employees, students, volunteers, agents, representatives and designees (collectively, the “University”) are not obligated to attend to any of Participant’s medical or medication needs during the Event, and Participant assumes all risk and responsibility therefore.

(4) Personal Responsibility. Participant is personally responsible for any loss, injury or damage caused or suffered by Participant during the Event. The University does not guarantee Participant’s safety or security during the Event. Participant agrees to abide by all rules, regulations, and policies of Oakland University and of any organization, entity, person, or facility providing services to Participant during participation in the Event and Participant shall be solely responsible for any damages resulting from their failure to do so.

Participant is responsible for his or her own medical and other insurance, equipment, supplies, personal property, and effects during the Event. Participant will be responsible for asking questions to ensure safety and security during the Event, and will observe all rules, practices, procedures and requests which may be imposed to minimize the risk of injury while participating in the Event.

Participant will reduce the risk of injury by limiting participation to reflect his/her personal fitness or comfort level, and not ingesting or using any substance during the activity which could pose a hazard to Participant or others.

(5) Waiver and Release. Participant, individually and on behalf of Participant’s family, heirs, estate, successors, assigns and personal and legal representative(s), fully, finally, irrevocably, unconditionally and forever **WAIVES, RELEASES, and DISCHARGES** Oakland University, its trustees, officers, employees, agents, and servants, individually and in their official and personal capacities, (collectively, the “Released Parties”), of and from any and all **CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS, DAMAGES, LOSSES, COSTS, CHARGES, JUDGMENTS,**

LIABILITIES AND RIGHTS OF EVERY KIND, NATURE AND DESCRIPTION INCLUDING WITHOUT LIMITATION, CLAIMS THAT COULD BE MADE OR ALLEGED FOR ANY HARM, INJURY, DEATH, DAMAGE, COSTS, FEES AND EXPENSES OF ANY NATURE ACTUALLY OR ALLEGEDLY ARISING OUT OF OR RELATING IN ANY WAY TO THE PARTICIPANT'S TRAVEL TO, FROM OR DURING THE EVENT, OR PARTICIPATION IN AND/OR OBSERVATION OF THE EVENT, WHETHER CAUSED BY NEGLIGENCE OR CARELESSNESS ON THE PART OF THE RELEASED PARTIES OR ANY OTHER CAUSE.

(6) **Indemnity.** Participant will **INDEMNIFY, DEFEND and HOLD HARMLESS** the University, its trustees, officers, employees, agents, and servants, individually and in their official and personal capacities, from any and all **CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS, DAMAGES, LOSSES, COSTS, CHARGES, JUDGMENTS, LIABILITIES AND RIGHTS OF EVERY KIND, NATURE AND DESCRIPTION INCLUDING WITHOUT LIMITATION, CLAIMS THAT COULD BE MADE OR ALLEGED FOR ANY HARM, INJURY, DEATH, DAMAGE, COSTS, FEES AND EXPENSES OF ANY NATURE ACTUALLY OR ALLEGEDLY ARISING OUT OF OR RELATING IN ANY WAY TO PARTICIPANT'S ACTIVITIES, ACTS AND/OR OMISSIONS DURING THE EVENT, INCLUDING WITHOUT LIMITATION PERIODS OF TRAVEL TO AND FROM THE EVENT**

(7) **Signature.** Participant has carefully read and understands completely the above provisions and voluntarily signs this Release and Assumption of Risk agreement. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made to obtain Participant's signature. This Release and Assumption of Risk agreement will be governed by the laws of the State of Michigan which will be the venue for any lawsuits filed under or incident to this agreement or to the Event. If any portion of this agreement is held invalid, such portion will be considered severed from the agreement and the remainder of the agreement will continue in full force and effect.

Participant's Signature: _____ **Date:** _____

I hereby warrant and represent that I am the parent or legal guardian of the Participant who is under the age of 18, and I am hereby providing permission for him/her to participate in the Event, and agree to be responsible for his/her behavior during the Event. I have full authority to execute this Release and Assumption of Risk agreement which I have read, approved and agree to in its entirety on behalf of myself and for the Participant.

Parent/Guardian Signature: _____ **Date:** _____

Health Form

Please clearly print all information.

Participant Information		
Name (Last)	(First)	(M.I.)
Date of Birth	Age	Gender
Health Provider Information		
Health Insurance Provider	Policy #	
Physician Name	Office Phone	
Emergency Contact Information		
Primary Emergency Contact Name	Relationship to Participant	
Phone Number	Alternative Phone Number	
Secondary Emergency Contact Name	Relationship to Participant	
Phone Number	Alternative Phone Number	
Medical Information		
Please list any allergies (food, medications, insect stings, etc.):		
Please list any dietary restrictions:		
Describe any additional health conditions we should be aware of:		
Medication		
Is the participant currently taking any medication: <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please fill out back of form)		

I certify that the information above is correct.

Parent/Guardian Signature (if participant is under 18) _____ Date _____

Participant Signature (if participant is 18) _____ Date _____

Permission to Dispense Medications

I, _____, the parent/guardian of _____ (“Participant”)
(Print name) (Print name)

give permission to the staff of Oakland University to administer to the Participant the following medications:

Medications		
1. Name of Medication	Dose	Time
Dispensing & Storage Instructions	Possible Side Effects	
2. Name of Medication	Dose	Time
Dispensing & Storage Instructions	Possible Side Effects	
3. Name of Medication	Dose	Time
Dispensing & Storage Instructions	Possible Side Effects	

I understand, acknowledge and agree that:

- It is my responsibility to give any medication directly to Oakland University staff in individual dosage containers, clearly labeled envelopes, or in original prescription bottles;
- Oakland University staff will NOT dispense any medication unless and until this Permission to Dispense Medication Form is completed in full, signed and submitted to the designated representative for OU;
- The information provided in this Permission to Dispense Medication Form is accurate and complete;
- Oakland University staff will only dispense and store medication as directed in this Permission to Dispense Medication Form;
- I must complete, sign and submit a new Permission to Dispense Medication Form to the designated representative for OU if there are any changes in the types or doses of medications and/or any changes in the instructions for dispensing or storing those medications;
- If the Participant experiences an adverse reaction to the medication, Oakland University staff may (but are not obligated to) take any actions they consider to be warranted under the circumstances, including without limitation securing treatment from physicians and/or medical personnel, and I will be solely responsible for payment of any and all charges relating to such treatment;
- The storage and dispensing of medication involves risk of temporary and/or permanent bodily injury, illness, death and other dangers;
- On behalf of myself, the Participant and our respective family, heirs, estate, successors, assigns and personal and legal representative(s), I fully, finally, irrevocably, unconditionally and forever WAIVE, RELEASE, and DISCHARGE the University and their trustees, officers, employees, agents, volunteers, students and servants, individually and in their official and personal capacities, (collectively, the “Released Parties”), of and from any and all CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS, DAMAGES, LOSSES, COSTS, CHARGES, JUDGMENTS, LIABILITIES AND RIGHTS OF EVERY KIND, NATURE AND DESCRIPTION INCLUDING WITHOUT LIMITATION, CLAIMS THAT COULD BE MADE OR ALLEGED FOR ANY HARM, INJURY, DEATH, DAMAGE, COSTS, FEES AND EXPENSES OF ANY NATURE, ACTUALLY OR ALLEGEDLY ARISING OUT OF OR RELATING IN ANY WAY TO THE STORAGE FOR AND/OR DISPENSING OF MEDICATION TO THE PARTICIPANT, WHETHER CAUSED BY NEGLIGENCE OR CARELESSNESS ON THE PART OF THE RELEASED PARTIES OR ANY OTHER CAUSE; and
- I will INDEMNIFY, DEFEND and HOLD HARMLESS the Released Parties from any and all CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS, DAMAGES, LOSSES, COSTS, CHARGES, JUDGMENTS, LIABILITIES AND RIGHTS OF EVERY KIND, NATURE AND DESCRIPTION INCLUDING WITHOUT LIMITATION, CLAIMS THAT COULD BE MADE OR ALLEGED FOR ANY HARM, INJURY, DEATH, DAMAGE, COSTS, FEES AND EXPENSES OF ANY NATURE, ACTUALLY OR ALLEGEDLY ARISING OUT OF OR RELATING IN ANY WAY TO THE STORAGE AND/OR DISPENSING OF MEDICATION TO THE PARTICIPANT.

 Parent or Legal Guardian Signature

 Date