

Liability Waiver Form



University of Central Oklahoma
Department of Chemistry
100 N. University Drive, Box 88
Edmond, OK 73034

1. I have reviewed the attached summary of activities and my child (name) _____ has my permission to participate in activities presented by the University of Central Oklahoma from June 1 to 5 (Week 1) or June 8 to 12 (week 2) in conjunction with the 2015 UCO Chemistry Department Summer Academy.
2. I understand that the hours of the Academy are from 8:30 am to 5pm Monday through Friday for either Week 1 or Week 2 of the workshop.
3. I will not hold the UCO or any of their regular personnel and volunteers liable for any injuries, accidents, illness, or other things unexpected occurring to my child. I also agree that I am alone assuming full responsibility for any injuries to other persons and any property damage that is brought about by my child during the activity hours.
4. In case of an emergency UCO personnel on duty may assist my child in any manner that upon their best judgment they deem to be necessary for the well-being of my child.
4. I understand that participation in this academy requires my child's adherence to safety guidelines and that they be properly attired. I understand that my child may be excluded from laboratory activities for failure to comply with safety protocols, failure to be properly dressed, or failure to return this signed statement. I understand that my child may be dismissed at any time from this Academy at the discretion of the Academy Coordinators for disruptive, unsafe, or disrespectful behavior.
5. I have read and understood the foregoing statements. I agree to assume the responsibilities stated above and waive all claims as indicated.

Name of Student (print) _____

Signature of Parent or Legal Guardian _____

_____ Date