City of Norman Youth Council
Children's Rights Coordinating Commission

REQUEST FOR PARTICIPATION, LIABILITY RELEASE, MEDICAL RELEASE ("RELEASE")

This Release is executed by_____ (parent/guardian) for_____ (child/dependent) to the Children's Rights Coordinating Commission of the City of Norman ("CRCC and City") on this _____ day of _____, 2014.

I, the undersigned, request that the CRCC and the City permit the above-named student to participate in Youth Council activities sponsored by the CRCC and the City during the Fall 2014-Spring 2015 term. I understand that the CRCC is under no obligation to permit the student to participate in Youth Council and that the CRCC receives no financial compensation for the student's participation. I further understand that Youth Council will include a wide variety of activities designed to develop leadership skills and knowledge relating to local government and various community and societal issues, including controversial issues. I understand that such activities will include, but not be limited to physical and educational activities with various modes of travel to and from the sites where such activities are conducted. I confirm that I have advised the CRCC of any physical limitations applicable to the student that may restrict participation in physical activities.

In consideration for the CRCC and City acceptance of the above-named student's participation in Youth Council, I release, acquit and forever discharge and covenant not to sue the CRCC, City of Norman, and the Youth Council, their affiliates and sponsors, the owners and operators of the transportation services and the facilities used in connection with Youth Council, including but not limited to the City of Norman and all organizations and agencies providing specific demonstrations, lectures and discussions, meeting places, information and other services utilized by Youth Council, all of their respective directors, officers, employees, agents, staff, and volunteers, and elected and appointed officials of the City of Norman (collectively and individuals, the "releasees"), of and from any and all claims, suits, judgments, liabilities, causes of action, demands, damages, costs, expenses whatsoever, in law, equity or otherwise (collectively and individuals, the "claims"), which I and/or the student may accrue on account of, result from, relate to, or in any way flow or arise out of or in connection with the students participation in Youth Council, including without limitation, any injury the student sustains as a result thereof, and the negligence and acts of third parties.

I, the undersigned parent/guardian of the above listed minor, hereby give my consent to have a doctor of medicine or dentistry or associated personnel to provide the student with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment should any instances requiring emergency medical

treatment arise. Below on this form I have listed any allergies or medications the student may have and/or use.

I authorize Youth Council staff and volunteers to photograph the student in any and all Youth Council activities. I grant to CRCC and its assigns the right, title and interest thereto and therein, and the right to control, produce, reproduce, use, edit and copyright and dispose of the same without limitation as to frequency, duration, place, media form, use or purpose, including without limitation, for the purposes of education, promotion, and publicity.

I acknowledge that neither the CRCC, City, Youth Council nor any person/entity acting on behalf of or in conjunction with these entities has made any representation, guarantee, warranty or assurance regarding Youth Council, its activities, or the staff and volunteers.

The invalidity or unenforceability of any particular provision of this form shall not affect the other provisions hereof, and this form shall be construed in all respects as if such invalid or unenforceable provisions are omitted.

The undersigned has fully read and understand the above and has had all questions answered to his/her satisfaction.

By signing below, I acknowledge that I have read and understand the Release.

IF THE STUDENT IS NOT 18 YEARS OF AGE OR OLDER, THIS RELEASE MUST ALSO BE SIGNED BY THE STUDENT'S PARENT(S) OR LEGAL GUARDIAN.

_____	_____
Date	Parent(s)/ Legal Guardian
_____	_____
Date	Student
_____	_____
Date	Witness