

Oklahoma Leather Association (OkLA)
INDEMNIFICATION, WAIVER, and RELEASE of LIABILITY

This is a legal and binding agreement which, when signed, will permanently limit your ability to recover from the Oklahoma Leather Association (or "OkLA") for injuries or losses you may cause or sustain as a result of participation in activities.

The Oklahoma Leather Association is a non-profit association. References to the Oklahoma Leather Association include its Board of Directors, officers, agents, members, employees, volunteers, and associated contractors.

I [*print your name*] _____

freely choose to participate in the Trip/Activity (*name*) _____, which may include additional unnamed associated activities.

I understand that The Oklahoma Leather Association is not an agent of and has no responsibility for any third party that may provide services including food, lodging, travel, or equipment. The Oklahoma Leather Association has not reviewed the qualifications of the Activity organizer or sponsor, and does not endorse or sponsor the program or its safety or quality.

I agree to inform myself about the potential dangers of the area I am traveling to and precautions I should take, including reviewing the State Department Consular Travel Information at <http://www.travel.state.gov> and the Centers for Disease Control Travelers Information at <http://www.cdc.gov/travel/> for health and immunization information, and any other information that the Activity organizer, sponsor or OkLA may provide.

I understand that it is my responsibility to acquire and use activity-appropriate and/or required equipment and protection. I agree to reduce the risk of injury to myself and others by following applicable rules and procedures, by limiting my participation to reflect my personal fitness level and by notifying the activity coordinator immediately if I do not believe I can safely continue in the activity. I agree that if I fail to act in accordance with this agreement I may not be permitted to continue in the activity.

Despite precautions, accidents and injuries can and do occur. I understand that the Activity and transportation may be dangerous and that I may be injured and/or lose or damage personal property as a result of participation in the Activity. Therefore, I **FULLY AND COMPLETELY ASSUME ALL RISKS RELATED TO THE ACTIVITIES** including death, injury, illness or loss from accidents, theft of or damage to personal belongings.

Medical Treatment Authorization

I authorize the Oklahoma Leather Association to act on my behalf in any medical emergency.

Signature Date
(Signature of Parent or Legal Guardia is required if participant is under 18.)

**Release from Liability, Indemnification Agreement and
Covenant Not to Sue**

To the fullest extent permitted by law, on behalf of myself, my spouse, heirs, representatives, executors, administrators and assigns, I agree to forever RELEASE, INDEMNIFY, HOLD HARMLESS and COVENANT NOT TO SUE the Oklahoma Leather Association from any cause of action, claim, or demand, including one related to bodily injury, property damage, death or accident arising out of or related to my participation in the Activity.

I assure the Oklahoma Leather Association that I have adequate health insurance to provide for any medical needs or costs that may result from my participation in the Activity.

My signature below indicates that I have read, understood, and freely signed this agreement, which shall take effect as a sealed instrument. I further certify that my date of birth is _____ (month/day/year), and that my present age is _____, and that I am otherwise legally competent to sign this agreement.

This agreement shall be construed and enforced in accordance with the laws of the State of Oklahoma, and I consent to the jurisdiction of this state. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted and that if any portion is held invalid, the remainder shall continue in full legal force and effect.

****** IMPORTANT! ******
READ ENTIRE AGREEMENT BEFORE SIGNING

Printed Name: _____

Signature: _____

Date: _____

Address: _____

Phone(s): _____

If participant under age 18:

Parent's Printed Name: _____

Parent's Signature: _____

Date: _____

Address: _____

Phone(s): _____