

# Personal Medical and Photo Release Statement - Adult



Sam Noble Museum Education Department  
University of Oklahoma

Participant Name \_\_\_\_\_

Sex \_\_\_\_\_

(Please print clearly)

Name of Program \_\_\_\_\_ Program Date \_\_\_\_\_

## PHOTOGRAPHY RELEASE (optional)

I give my permission to have my photograph taken by the museum staff or affiliated agencies. I understand that these photographs may be used in museum and University of Oklahoma or other publications, both print and electronic.

Participant signature \_\_\_\_\_

Date \_\_\_\_\_

## IN AN EMERGENCY NOTIFY:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Backup phone number(s) \_\_\_\_\_

## EMERGENCY MEDICAL INFORMATION

Participant has or is subject to (check and give details)

- Allergy to a medicine, food, plant, animal, or insect toxin: \_\_\_\_\_
- Any condition that may require special care, medication, or diet
- Asthma                       Convulsions                       Diabetes
- Fainting spells               Bleeding disorders               Heart trouble

EXPLAIN \_\_\_\_\_

## Participant STATEMENT

In consideration of the University of Oklahoma's permitting me to participate and to engage in Sam Noble Oklahoma Museum of Natural History educational activity programs, I hereby voluntarily assume all risks associated with these activities and agree to waive, release, exonerate, save harmless, and indemnify the University, its agents, servants, and employees from any and all liability, claims, causes of actions or demands of any kind and nature whatsoever which may arise by or in connection with my participation in the above activities. I am aware that participation in these activities may result in, but is not limited to, injury to the muscular-skeletal system, neck, spinal area, and other aspects of my body, general health and well-being. In the event of illness or accident in the course of such activities, I authorize that measures be instituted without delay as judgment of medical personnel dictates.

Participant signature \_\_\_\_\_

Date \_\_\_\_\_

# Personal Photo Release Statement - Minor



Sam Noble Museum Education Department  
University of Oklahoma

Participant Name \_\_\_\_\_

Sex \_\_\_\_\_

(Please print clearly)

Name of Program \_\_\_\_\_ Program date \_\_\_\_\_

Clothing Description \_\_\_\_\_

I give my permission to have my child's photograph taken by the museum staff or affiliated agencies. I understand that these photographs may be used in museum and University of Oklahoma or other publications, both print and electronic.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**PARTICIPANT INFORMATION**

<b>CHILD'S NAME:</b>		<b>DATE OF BIRTH:</b>
<b>PROGRAM NAME:</b>		
<b>DATES:</b>	<b>START:</b>	<b>END:</b>

**CONTACTS FOR PARENT(S)/GUARDIAN(S)**

<b>1. NAME:</b>		<b>RELATIONSHIP:</b>
<b>HOME PHONE:</b>	<b>WORK PHONE:</b>	<b>CELL PHONE:</b>
<b>2. NAME:</b>		<b>RELATIONSHIP:</b>
<b>HOME PHONE:</b>	<b>WORK PHONE:</b>	<b>CELL PHONE:</b>
The Sam Noble Museum is given permission to contact the following in case of emergency should a parent or guardian not be available during program hours.		
<b>NAME:</b>		<b>RELATIONSHIP:</b>
<b>HOME PHONE:</b>	<b>WORK PHONE:</b>	<b>CELL PHONE:</b>

**MEDICAL INFORMATION**

In the event of a medical emergency, the Sam Noble Museum is given permission to contact 911.

<b>ALLERGIES:</b>		
<b>HEALTH NEEDS:</b>		
<b>PHYSICIAN:</b>		<b>PHONE:</b>
<b>HOSPITAL:</b>		<b>PHONE:</b>

<b>PARENT/GUARDIAN SIGNATURE:</b>	<b>DATE:</b>
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