



Waiver & Release of Liability

OAKS INDIAN MISSION | P.O. Box 103, Oaks, OK 74359
Phone: 918.868.2196 | Fax: 918.868-3804
oaksindianmission.org

Trip Dates: ___ / ___ / ___ to ___ / ___ / ___

Group Name: _____

KNOW ALL MEN BY THESE PRESENTS:

WHEREAS I, _____, am about to travel by both public and private conveyances to Oaks Indian Mission; and **WHEREAS** I am doing so entirely on my own initiative and at my own risk.

NOW THEREFORE, in consideration of the opportunity afforded me to visit Oaks Indian Mission, I do hereby, for myself, my heirs, executors and administrators waive, release and completely and forever discharge Oaks Indian Mission and all their officers, agents and employees acting officially or otherwise from all claims, demands, actions, or causes of actions on account of my death, injury or sickness and/or injury to property and the consequences thereof, which may occur from any cause during this trip or as a results thereof from any means of travel or otherwise.

It is understood and agreed that the obtaining of this release shall not be construed as an admission of any liability or responsibility on the part of Oaks Indian Mission or any other party hereby released for any death, sickness, or bodily injury to my person or damage to my property while on campus of the Oaks Indian Mission or otherwise.

Participant Name

(Please print)

Participant Signature

Parent/Legal Guardian Name

(If under the age of 18)

Parent/Legal Guardian Signature

(If under the age of 18)

Date