

The University of Oklahoma College of Dentistry



Pre-Dental Clinical Simulation Course
Saturday April 10, 2010
Attendance is limited to the first 50 students
Please Write Legibly

Last Name _____ First Name _____ M.I. _____

Address _____ City _____ State _____ Zip _____

Phone _____ e-mail _____ University _____

Registration fee is \$85 (non-refundable)*. Course confirmation will be sent via email.

- **If paying online, check box** **(Please mail registration to the address below.)**
Then go to http://dentistry.ouhsc.edu/alumni_3.php
Click the **"buy now"** link, followed by the **"CE Course Available"** choice
Scroll down the list and click on **"pre-dental simulation course"** choice
Click **"purchase now"** at the bottom and **"check-out"** on the following page
Complete the online information and click **"Register and Continue"**
Follow the online steps to finish registration

- **If paying by check**

Make check for \$85 payable to OUCOD CE and enclose with this registration form.

There will be no refunds offered, but under extenuating circumstances, credit will be carried over to attend the next simulation course. The courses are offered in April and November annually.

Please return your completed application to:

The University of Oklahoma College of Dentistry
Office of Admissions ASDA Course
1201 N. Stonewall Avenue
Oklahoma City, OK 73117

*A limited number of fee waivers are available based on financial need. Please attach a letter to your registration briefly describing your financial situation and need.

Participant Waiver and Hold Harmless Form
University of Oklahoma College of Dentistry

1. In consideration for receiving permission to participate in the Pre-Clinical Simulation Course (herein referred to as ACTIVITY), which is sponsored by the University of Oklahoma College of Dentistry (herein referred to as SPONSOR), I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE AND AGREE TO HOLD HARMLESS for any and all purposes sponsor, the University of Oklahoma, the board of reagents for the University of Oklahoma, and the officers, servants, agents, volunteers, or employees (herein referred to as releases) FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH, that may be sustained by me while participating in such activity, or while on the premises owned or leased by RELEASEES, INCLUDING INJURIES SUSTAINED AS A RESULT OF THE NEGLIGENCE OF RELEASEES. I acknowledge there may be physically strenuous activities. I know of no medical reasons why I should not participate.

2. I am fully aware that there inherent risks involved with ACTIVITY, including but not limited to injuries, and I choose to voluntarily participate in said activity with full knowledge that said ACTIVITY may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me as result of the negligence of RELEASEES. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my participation in said ACTIVITY.

3. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

4. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Oklahoma.

5. In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge that I have read the foregoing Covenant Not to Sue and Agreement to Hold Harmless, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

Signed this _____ day of _____, 2010

Participant Signature _____

Printed Name _____

Witness Signature _____

Witness Printed Name _____