



Application for the New York Study Tour

Submit this form and a check (payable to Jim Watson) for the deposit of \$600 by 5:00p, January 1, 2010.

Applicant contact info

Name _____

Name on your ID (if different) _____

Circle anticipated graduation Summer/Fall 10 Spring 11 Fall 11 or later

Credit hours completed by May 2010 _____

Mailing address _____

Cell number while in New York _____

Email address _____

Emergency contact name _____

Emergency contact phone number _____

Roommate preference (if any) _____

Agreement with Waiver of Liability & Hold Harmless

1. Agreement: The undersigned, for good and valuable consideration, receipt of which is hereby acknowledged, and in consideration for being allowed to travel in the forgoing Study Tour, with such Study Tour organized by Dr. Jim Watson, the guide for this Study Tour, I agree as follows: I forfeit all payments if any balance owed is not paid in full by the payment deadline; If I miss the flight from Oklahoma City, my money will not be refunded; If I miss any paid event in NYC, my money will not be refunded; If I cancel I will forfeit all money paid; Flight trip insurance is not included in any payment; If the Study Tour does not reach the minimum of 8 students it may be cancelled with a full refund; and all scheduled activities are subject to change.

2. Waiver: I have volunteered and am medically and physically capable and qualified to participate in the Study Tour. I will meet the Study Tour schedule, participate in group activities at the direction of Dr. Watson and follow all applicable rules, regulations, and laws. I am not an employee of Dr. Watson nor am I an independent contractor, and thus I am not qualified for insurance coverage under workers' compensation nor am I eligible to make a claim against any other insurance coverage that Dr. Watson may have. Should I desire insurance protection, I will provide my own insurance. I hereby advise Dr. Watson that I engage in this Study Tour voluntarily, totally accept my own risk of participation, and affirmatively relinquish any right to take legal action against Dr. Watson or OSU.

Further, I recognize that I am not required to participate in this Study Tour; I choose to do so of my own free will, recognizing that my conduct during this Study Tour may make me liable for damages and injury to others, if I am negligent, and that Dr. Watson is not responsible for my behavior - my behavior is totally and completely my own responsibility. I accept the risks involved in my participation in the Study Tour, including but not limited to: 1. Transportation associated with this Study Tour; 2. Risks associated with the location of this Study Tour; 3. Failure to conduct myself in a safe, reasonable, responsible, and adult manner relative to consumption of drugs or alcohol; 4. Injury that could be potentially serious, and/or could lead to death, if I am not physically qualified and if I, or others, fail to follow safety precautions, rules and regulations required of the Study Tour.

3. Hold Harmless: By signing below I voluntarily assume all risks of loss, property damage, and personal injury, including death, that I may sustain or cause as a result of participating in this Study Tour, and I agree not to make any claim of any kind against, indemnify, and hold harmless Dr. Watson, OSU, their officers, agents or employees, the OSU Board of Regents, or The Oklahoma State Regents for Higher Education for any such loss, property damage, or personal injury; including court costs and attorneys' fees, that they may incur due to my negligence while participating in this Study Tour.

4. Acknowledgement: I have read this document before signing it; I have had an opportunity to consider its meaning; and I understand it and sign it as my own free act and deed. I am at least 21 years of age and fully competent. I also sign with the understanding that the Study Tour will be conducted in a professional manner and that Dr. Watson will use reasonable care as to my safety as would ordinarily be expected for a Study Tour. I hereby bind other members of my family, my heirs and assigns to this Waiver of Liability and Hold Harmless Agreement.

In witness whereof, I have signed on this _____ day of _____, 20_____.

Signature of student: _____ Signature of Dr. James R. Watson: _____