

## WAIVER OF LIABILITY

I, \_\_\_\_\_ duly enrolled as a special student for study at the **Recording Workshop**, in consideration for being accepted as same, do hereby release and hold harmless Oral Roberts University, Tulsa, Oklahoma, for any past, present, or future liability, responsibility or duty, for, or on account of, any injury, damage or pecuniary loss of any nature to my person or my property and/or to any other person or property, arising from my acts of omissions during the time period I am duly enrolled.

I further state that I am \_\_\_\_\_ years old.

DATED AT \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

## PARENTAL CONSENT *(Required only if student will be under the age of 21)*

I, the undersigned parent of \_\_\_\_\_, the above student, do hereby consent to enrollment as same and to the execution of the above release and hold harmless agreement in favor of Oral Roberts University.

DATED AT \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Witness

## INSURANCE INFORMATION

This will affirm that I am adequately covered by hospitalization insurance as follows:

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBSCRIBER IDENTIFICATION NUMBER: \_\_\_\_\_