State of Oklahoma Employee Recreational League Participation Liability Waiver and Release

Participant full name (required):	
Agency:	Division/unit
Work email:	Phone
Media consent (optional): ☐ Yes ☐ No	
☐ I certify I am physically able to participate and will monitor my own health and safety.	
☐ I have read and agree to the liability waiver and release below.	

Voluntary participation: I acknowledge that my participation in recreational league activities sponsored, coordinated, or made available by the State of Oklahoma or any state agency is completely voluntary. These activities are not part of my job duties and are not required for my employment.

Assumption of risk: I understand that recreational sports involve inherent risks, including but not limited to slips, falls, collisions, overexertion, equipment malfunction, environmental hazards, actions of other participants, disability and even death. I knowingly and voluntarily assume all risks—foreseeable or unforeseeable—associated with my participation. I further assume all liability for any loss related to my participation and caused by my actions to another party, including death, injury, illness or loss from accidents, or damage to property.

Release of liability: In consideration for being allowed to participate, I release and forever discharge the State of Oklahoma, the Office of the Management and Enterprise Services and their officers, employees, representatives and insurers from any and all liability, responsibility, claims, demands, actions or causes of action arising out of any injury, illness, property damage or other loss I may suffer as a result of participating in these activities, except where liability cannot be waived under Oklahoma law.

Workers' compensation: I understand that injuries sustained during these activities are not covered by workers' compensation because the activities are not job-related and are outside the scope of employment.

Medical: I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of these activities. I certify that I am physically able to participate. I further understand that by allowing me to participate, the State of Oklahoma is not making a medical judgment about my physical ability to participate in recreational league activities. I also acknowledge that I should consult my personal doctor to discuss questions of appropriate participation level.

Medical treatment: I authorize the State of Oklahoma to act on my behalf in any medical emergency.

Media notice (optional): I understand that photographs or videos may be taken during these activities and I may consent or decline above.

Governing law: This waiver is governed by the laws of the State of Oklahoma and venue for shall be in a court of competent jurisdiction in Oklahoma County, Oklahoma.

Acknowledgment and signature

By signing below, I acknowledge that I have read and understood this liability waiver and release and sign voluntarily.

Signature	Date

This release shall remain valid for a period of one year from the date of execution. The participant shall be required to execute a new release annually thereafter.