



Center for Safety  
& Emergency Preparedness  
900 N. Portland Ave.  
Oklahoma City, Oklahoma 73107-6195  
405-945-3208, FAX 405-945-8647

**OSU-OKLAHOMA CITY**  
**Precision Driving Training Center**  
**Precision Driving Training**

**RELEASE OF LIABILITY**

I, \_\_\_\_\_, the undersigned, in consideration for the acceptance of this registration, do hereby release Oklahoma State University-Oklahoma City, its instructors, sponsors, promoters, employees, or any others of their agents of and from any and all liability, claims, injury, including death, that may be sustained by the undersigned from my presence at the Precision Driving Training Center (PDTC), my use of the PDTC facilities or equipment, or my participation in activities on the PDTC property.

I am fully aware of the risk and hazards inherent in Vehicle Operation Training, I hereby elect voluntarily to enroll and/or participate in the training or an event, and hereby voluntarily assume all risk or loss, damage, or injury, including death, that may be sustained by the undersigned while participating in Vehicle Operation Training or an event, my presence at the PDTC, or my use of the PDTC facilities or equipment or my participation in activities on the PDTC property.

This release shall be binding upon the distributes, heirs, next of kin, executors and administrators of the undersigned.

In signing the foregoing release, the undersigned hereby acknowledge and represents:

- (a) That I am over the age of 15 1/2 years of age and of sound mind.  
*If under 18 years of age, parents must sign.*
- (b) That I have read the foregoing release, understand it, and sign it voluntarily.  
This waiver shall remain in full force and effect unless withdrawn by the signee in writing.

*In Witness Whereof, I, the undersigned, have hereunto set my hand (date) \_\_\_\_\_.*

Signature \_\_\_\_\_

Signature \_\_\_\_\_  
*Parent or Legal Guardian, if participant is less than 18 yrs. of age.*

Witness Signature \_\_\_\_\_

Witness Name (**Print**) \_\_\_\_\_

**BUSINESS & INDUSTRY Participants**

I authorize OSU-OKC to release the following information contained in the educational records maintained by OSU-OKC to your employer upon completion of the course:

- 1.) Participants Full Name
- 2.) Date Of Birth
- 3.) Driver's License Number

This information is required by the State of Oklahoma in order to issue an "M" endorsement on the participants Driver's License. Sign to indicate you agree to OSU-OKC releasing this information.

\_\_\_\_\_  
**Participant Only**

\_\_\_\_\_  
**Date**