

Concurrent Enrollment Program RECOMMENDATION FORM

This Concurrent Enrollment Program Recommendation Form, an application for admission, ACT/SAT scores and an official high school transcript must be submitted to the Office of Undergraduate Admissions before your admission to the Concurrent Enrollment Program can be processed.

STUDENT NAME _____
(Last) (First) (Middle)

HIGH SCHOOL _____ **DATE OF BIRTH** _____

SEMESTER THAT YOU WISH TO ENROLL IN AT THE UNIVERSITY OF CENTRAL OKLAHOMA

(Indicate One) Fall _____ Spring _____ Summer _____

PRINCIPAL/ COUNSELOR/ PARENT APPROVAL AND RECOMMENDATION

CLASSIFICATION: Junior Senior

DATE OF EXPECTED HIGH SCHOOL GRADUATION _____

THIS STUDENT WILL BE ENROLLED IN THE FOLLOWING HIGH SCHOOL COURSES FOR THE TERM SPECIFIED ABOVE.

_____	_____
_____	_____
_____	_____

I recommend that this student be permitted to enroll in a maximum of semester hours at the University of Central Oklahoma for the term indicated above. **This student's enrollment at UCO and high school will not exceed 19 semester hours for the fall or spring semester or 9 semester hours for summer.**

Non-academic high-school units are excluded from the workload calculation.

Principal OR Counselor Signature (Date)

By signing, both student and parent acknowledge reading the Waiver of Liability, Release and Assumption of Risk, and Conduct Agreement and agree to abide by the rules and regulations of the University of Central Oklahoma.

Parent Signature (Date)

Student Signature (Date)

Please return this completed form to the Office of Undergraduate Admissions, Nigh University Center 124,
100 North University Drive, Edmond, Oklahoma 73034 **or fax** 405-974-3841





UNIVERSITY OF Central Oklahoma

WAIVER OF LIABILITY, RELEASE AND ASSUMPTION OF RISK, AUTHORIZATION, AND CONDUCT AGREEMENT

In consideration of my permission to use any university-owned equipment or facilities while participating in or observing any activities, whether organized or scheduled, at the University of Central Oklahoma, I hereby:

(i) release, discharge, and indemnify the Regional University System of Oklahoma, the University of Central Oklahoma (UCO), and their officers, employees, and agents from any and all claims of liability for personal injury, accidents, or illness, including death, and property loss resulting from or arising out of use;

(ii) assume all risks, inherent or otherwise, relating to the use and recognizing that such use, participation, or observation may involve a variety of risks, including but not limited to physical or psychological injuries, accidents, illness, or death;

(iii) acknowledge that (1) UCO does not require a medical exam or certification of physical ability as a condition of use and (2) that I am responsible for all of my decisions relating to the use of the university-owned facilities or equipment;

(iv) acknowledge my responsibility to consult my personal physician before the first use of the university-owned facilities or equipment and as needed thereafter for my own physical or psychological health;

(v) represent that I do not have any physical, psychological, or other condition or limitation that might make my use of the university-owned facilities or equipment potentially dangerous or harmful to me or others.

I hereby authorize UCO to take and use photographs and video recordings. I understand that their use may be used internally by UCO for commercial reproduction, advertising, news, marketing, and promotional materials for UCO as well as online digital streaming.

I further expressly agree that this Waiver of Liability, Release and Assumption of Risk is intended to be as broad and inclusive as is permitted by the laws of the State of Oklahoma, and that if any portion of it is held invalid, that the balance shall, notwithstanding, continue in full legal force and effect.

I have read this Waiver of Liability, Release and Assumption of Risk, and Conduct Agreement and fully understand its terms, and understand that I am giving up substantial rights, including the right to sue. I acknowledge that I am signing this document freely and voluntarily, and intend by my signature to be and grant a complete and unconditional release of all liability to the greatest extent allowed by law. I further acknowledge and agree to abide by the rules and regulations of the University of Central Oklahoma.

Participant:

Other Signature:

(Guardian or Parent if Participant under 18 years of age)

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____