

The Ohio State University's _____(student organization) has agreed to sponsor an event on the university's campus. In connection with that event, I wish to participate. Because my participation will involve risk of personal injury or damage to property, I agree to the following as conditions for participation in these instructional sessions:

1) In consideration of being granted the opportunity to participate in this activity, I, for myself, my executors, administrators, and assigns, do hereby release and forever discharge The Ohio State University, and its Board of Trustees, its respective entities, administrators, faculty members, employees, agents and students from any and all claims of damages, demands and any actions whatsoever, including those based on negligence that I ever had, now have or may claim to have arising out of my participation in this activity. I also hereby agree to save, hold harmless and indemnify The Ohio State University, its Board of Trustees and/or its respective entities, administrators, faculty members, employees, agents, and students from and against any and all liability, losses, claims, demands, costs, and expenses to which The Ohio State University may become subject by reason of my participation in this activity.

2) I agree to acquire, prior to participation in this activity and maintain in force during the period in which I will be engaged in this activity, a policy or policies of health and accident insurance covering hospitalization and treatment for any injuries I may sustain as a result of this activity. Such insurance shall be through an insurance company authorized to do business within the State of Ohio.

3) I hereby attest and verify that I have full knowledge of the risks inherent in sport and of the risks involved in this activity, and that I have no knowledge of any physical impairment that would be affected by my participation. I assume any expenses I may incur in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. I give my consent for any emergency medical treatment that I might require as a result of my participation in this activity.

4) I represent and certify that my true age is at least 18 years old.

I have read this entire Agreement to Release and Indemnify the university. I fully understand it, and I agree to be legally bound by it.

Participant's Name (please print or type): _____ Date: _____

Participant's Signature: _____

In case of emergency, contact: _____

Name _____

Phone _____

