

# Ohio State University

## Release From Responsibility, Assumption of Risk, and Waiver for Program Participation

**NOTE: THIS DOCUMENT IS NOT TO BE USED WITHOUT CONSULTATION WITH THE OFFICE OF LEGAL AFFAIRS.**

Participant's Full Name: \_\_\_\_\_

Date Of Birth (Mo/Day/Yr): \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Name Of The Program: \_\_\_\_\_

Program Location: \_\_\_\_\_

Program Date: \_\_\_\_\_

**DESCRIPTION:** Participants in the \_\_\_\_\_ program will \_\_\_\_\_ Describe Program Activities. Participants may be exposed to the following risks and dangers, specifically (list any activities/tools/chemicals/machinery/in which a participant could be injured or hurt) Participants will use \_\_\_\_\_ List Protective Gear or Equipment (if applicable) Participants are expected to follow all verbal and written instruction of all program staff and follow all rules and policies of the program. Program staff reserve the right to temporarily and/or permanently remove a participant from the program if the participant fails to follow the verbal or written instruction of program staff or does not follow the verbal or written health and safety rules of the program.

I, the above-named participant, have voluntarily chosen to participate in the above described activity. I acknowledge that the nature of the activity may expose me to hazards or risks that may result in illness or personal injury, and I understand and appreciate the nature of such hazards and risks. I further acknowledge that I am not being paid by, nor am I an employee of, The Ohio State University or entitled to any University benefits, for my participation in this activity.

In consideration of my voluntary participation in this activity, I hereby accept all risk to my health and of any injury that may result from such participation and I hereby release The Ohio State University, its Trustees, boards, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person that may result from or occur during my participation in the activity, whether caused by negligence of The Ohio State University, its Trustees, boards, officers, employees, or representatives, or otherwise. I further agree to hold harmless The Ohio State University and its Trustees, boards, officers, employees, and representatives from liability for the injury of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the above described activity.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO HOLD HARMLESS THE OHIO STATE UNIVERSITY FOR ANY LIABILITY FOR INJURY OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Authorizing Signature of Parent/Legal Guardian  
if Participant is under 18 years of age:

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_