

RELEASE, WAIVER AND ASSUMPTION OF THE RISK

NAME OF STUDENT (print): _____ Age _____

As a member or guest of _____, I will
club or organization

participate in _____
activity(ies)

at _____ on _____ (dates).
location of activity(ies)

For purposes of this Release, Wavier and Assumption of the Risk form the term "Activity" refers to the activity(ies) or trip specified above and includes all travel for it, and everything I do in connection with it. The term "UC" means and refers to the University of Cincinnati, its Board of Trustees, officers, employees, agents and any students who are acting on behalf of UC.

ACKNOWLEDGEMENTS AND ASSUMPTION OF THE RISK

1. I understand and acknowledge that my participation in the Activity presents certain risks and dangers of which I may, or may not, be aware. These risks include hazards that can result in property damage, bodily injury, mental injury, or death. I fully assume any and all risks inherent, or that may arise from, my participation in the Activity
2. My participation in the Activity is entirely voluntary on my part;
3. I understand and acknowledge the UC Student Code of Conduct applies to me while participating in the Activity;
4. I understand and acknowledge that UC is not responsible for the safety of my person or property while participating in the Activity;
5. I am not aware of any medical reasons that would prevent or limit my participation in the Activity;
6. I understand and acknowledge that any UC employee(s) that may participate in the Activity are not trained medical professionals to provide me with any medical care or treatment;
7. I have health and hospitalization coverage and/or agree to accept financial responsibility for any medical services I may require while participating in the Activity;
8. UC, and its employees and representatives, are authorized to seek emergency medical treatment for me;

WAIVER AND RELEASE OF LIABILITY

In consideration of my participation in the Activity, for myself, my heirs, executors, administrators and assigns, I hereby waive and relinquish any and all rights, claims, demands and causes of action which I may have and agree not to make any claim or file any lawsuit against the State of Ohio, the University of Cincinnati, its trustees, officers, employees, agents, and coaches/instructors as well as the _____(name of organization) by reason of my participation in the Activity. I also agree to indemnify the University of Cincinnati, the State of Ohio, and their employees from any damages or injuries that I may cause through my participation in this event. I have been advised of the nature of this event, including any special risks, and I agree to follow any safety instructions, and to be personally responsible for myself and my behavior.

Assumption of Risks: Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The University of Cincinnati, through various student groups, provides for activities that may require physical activity and exertion. These activities involve exertions of strength using various muscle groups, some involve quick movements using speed and change of direction and others involve sustained physical activity that places stress on the cardiovascular system. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks and concussions; and 3) catastrophic injuries including paralysis and death.

I have read and agree to the above.

Signature of Adult Student

Date

Medical information (including medications or allergies) related to medical conditions that are relevant to this event or for which I will require special accommodations:

In case of emergency contact: _____ at telephone number: _____

FOR STUDENTS UNDER THE AGE OF EIGHTEEN:

I hereby give permission for my child or ward ("Student") to participate in the Activity described above. As the Student's parent or legal guardian, and in consideration of the Student's participation in the Activity, for myself, my heirs, executors, administrators and assigns, and on behalf of Student, I hereby waive and relinquish any and all rights, claims, demands and causes of action which any of us may have and agree not to make any claim or file any lawsuit against the State of Ohio or the University of Cincinnati, its trustees, officers, employees or agents by reason of participation in the event. I am aware of the nature of this event, including any special risks, and I have advised Student of the need to follow any safety instructions and to be personally responsible for Student's behavior. I also agree to indemnify the University of Cincinnati, the State of Ohio, and their employees from any damages or injuries that my Student may cause through participation in this event.

EMERGENCY TREATMENT AUTHORIZATION AND RELEASE

I authorize the treatment of my Student in the event Student becomes ill or is injured while participating in the event. Although an effort will be made to contact parent(s) or guardian, I hereby authorize medical treatment, including hospitalization or surgery, in the event I cannot be reached.

I have read the above and agree on behalf of myself and/or my child or ward.

Signature of Parent or Legal Guardian

Date