



Cleveland State University

### **ASSUMPTION OF THE RISK, RELEASE, AND WAIVER OF LIABILITY**

As consideration for the opportunity to participate in \_\_\_\_\_ ("the Event") and related activities sponsored by the University, I acknowledge that I have read the following and voluntarily agree to its terms and conditions:

- I am at least 18 years of age. \_\_\_\_ yes \_\_\_\_ no (**If no, see below\*\***).
- I understand that participation in the Event and related activities sponsored by the University, is strictly voluntary.
- I have the physical ability to participate in the Event.
- I understand that participating in the Event involves risks of personal injury, illness, death, and damage to property. I understand the risks involved and I knowingly and voluntarily assume responsibility for these risks in order to participate in the Event.
- In case of emergency, accident, illness, or other incapacity occurring during these activities as well as traveling to and from these activities, I give my permission to be treated by a medical professional and admitted to a hospital if necessary. I agree that I am responsible for all medical and emergency expenses incurred on my behalf regardless of whether I have authorized such expenses.
- I understand that medical insurance is my responsibility. I acknowledge that Cleveland State University strongly recommends that I purchase health insurance to cover accidents that may occur during my participation in these activities as well as traveling to and from these activities. I understand that the State of Ohio, Cleveland State University, and the Board of Trustees, do not provide insurance for any injuries which may occur during these activities or during the travel to and from these activities.
- I forever release the State of Ohio, Cleveland State University, and the Board of Trustees, together with their agents, officers, and employees, from any and all claims, suits, or actions of any nature resulting from or arising out of my participation in the Event and related activities. I understand that this Assumption of the Risk, Release, and Waiver of Liability binds my heirs, executors, administrators, and assigns, as well as me.

**\*\*IF PARTICIPANT IS LESS THAN 18 YEARS OF AGE, THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT MUST ALSO SIGN BELOW.**

Participant' Name (Please Print) \_\_\_\_\_

Participant's Phone \_\_\_\_\_

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

**I have read and fully understand the entire ASSUMPTION OF THE RISK, RELEASE, AND WAIVER OF LIABILITY and my signature below confirms my full understanding and voluntary acceptance of such ASSUMPTION OF THE RISK, RELEASE, AND WAIVER OF LIABILITY.**

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*I am the parent or legal guardian of the Participant named above; I have read and understand this ASSUMPTION OF THE RISK, RELEASE, AND WAIVER OF LIABILITY (including such parts as may subject me to personal financial responsibility); I am and will be legally responsible for the obligations and acts of the Participant as described above; and I agree, for myself and for the Participant, to be bound by these terms.**

Parent/Guardian's Name (Please Print): \_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

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

### **Emergency Information Card and Release Form**

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Emergency Medical Authorization**

I am aware of the risks, hazards, and inherent dangers that may arise due to participation in the Event: \_\_\_\_\_

In the event of illness or injury resulting or arising directly or indirectly out of said activity, I hereby give my consent and authorization for (1) the administration of emergency first aid care and treatment at the scene of an emergency by faculty, staff members or volunteers of the University or (2) the administration of any treatment deemed necessary by a licensed physician or dentist; and (3) the transfer to any hospital reasonably accessible. This authorization is not intended to cover major surgery unless the medical opinions of two (2) licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

I further declare and warrant that I am covered by sufficient medical and dental insurance and that such insurance will remain in effect during my participation in said activity.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Custodial Parent/Legal Guardian's Signature  
(if under the age of 18)

\_\_\_\_\_  
Date