

AGREEMENT TO RELEASE AND INDEMNIFY THE UNIVERSITY

The Ohio State University's OSU Shotokan Karate Club (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.

Date _____

Participant's Name (Please Print of Type) _____

Participant's Signature _____

In case of emergency, contact:

Name _____

Phone _____

AGREEMENT TO RELEASE AND INDEMNIFY THE UNIVERSITY
(minors)

The Ohio State University's ___OSU Shotokan Karate Club___ (student organization) has agreed to sponsor an event on the University's campus. In connection with that event, my child, _____, wishes to participate. Because his/her participation will involve risk of personal injury or damage to property, and in consideration for honoring my child's desire to participate in the event, I agree to the following, on behalf of my child, as conditions for participation in these instructional sessions:

1. In consideration of my child 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 that I ever had, now have or may claim to have (for myself or on behalf of my child) with regard to damages, demands, or any actions whatsoever, including those based on negligence, in any manner arising out of my child's 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 child's 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 my child 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 of my child that would be affected by my child's participation. I assume any expenses I may incur in the event of an accident, illness or other incapacity with respect to my child's participation in this activity, regardless of whether I have authorized such expenses. I hereby authorize the organizers of this activity to act for me according to their best judgment in any emergency requiring medical attention.
4. I give my consent for any emergency medical treatment that my child might require as a result of his or her participation in this activity.

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.

Date _____

Parent or Legal Guardian's Name (Please Print or Type) _____

Parent or Legal Guardian's Signature _____

Child's Name _____