

SPORT CLUB

VISITING TEAM ASSUMPTION OF RISK

Visiting School Club Sport: _____ Date Submitted: _____

Visiting President Name: _____

Visiting President Email: _____

We, the undersigned, desire to participate in the following sport club activity at The Ohio State University. We are aware and have been informed that these activities involve physical and emotional risks, such as physical person-to-person contact, exertion, use of equipment and the use of indoor and outdoor facilities.

In consideration of The Ohio State University's efforts on our behalf, we do hereby voluntarily assume all risk of death, accident, injury, damage, and/or loss to ourselves or our property which may arise out of our participation in said program. We also hereby release and discharge the State of Ohio, The Ohio State University, and all Ohio State University officers and personnel, paid or volunteer, associated or connected with the said program for every claim, liability, or damage of any kind caused by the negligence of the State of Ohio, The Ohio State University, personnel involved, or otherwise which may result from our participation in the said program.

We further hereby represent that we do not have any medical impairment, disease, physical liability, or injury which would prevent our participation in the said program; and that we have medical insurance that covers our participation.

We voluntarily choose to participate in the activities of the Sport Club team.

Name (please print)

Signature

If more space needed, please use additional sheet.

