

THE OHIO STATE UNIVERSITY ATHLETICS RELEASE OF CLAIMS

I, _____, understand The Ohio State University's Department of Athletics has agreed to allow me to participate in **Field Hockey Post-game Clinic** on *Sunday, September 16th* at **Buckeye Varsity Field**. I understand that The Ohio State University is not responsible for supervising or conducting these activities. I also recognize that by participating in these physical activities, I risk sustaining personal injury.

In consideration of being granted the opportunity to participate in these activities, I, for myself, my executors, administrators, and assigns, do hereby release and forever discharge The Ohio State University and its Board of Trustees, its administrators, faculty members, employees, agents, and students from any and all liability for losses, damages, injuries or costs, including but not limited to those described above, that may arise out of or that may in any way related to such participation, whether caused by the negligence of The Ohio State University or otherwise. I understand that this Release means that, among other things, I am giving up my right to sue The Ohio State University for such losses, damages, injury or costs that I may incur.

I hereby attest and verify that I have full knowledge of the risks involved in these activities, that I assume any expense I may incur in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

As a participant of these activities, I also hereby agree that I must comply with University rules and regulations.

I have read this entire Release, I fully understand it, and I agree to be legally bound by it. I represent and certify that my true age is either 18 years old or, if I am under 18 years old on this date, my parent or legal guardian has signed the Agreement to Release and indemnify the University.

DATE _____

Participant's Name (Please Print or Type) _____ Age _____

Participant's Signature _____

Parent's or Legal Guardian's Signature _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____