Agreement to Release and Indemnify the University

		atment that my child (named below) might
activity from	, to	, 20
myself, my executors, add Ohio State University, its agents, students, and the supervised the scheduling claims of negligence, that	ministrators, and assignated by Board of Trustees, adm Crawford County Agric or any other function of I might have myself or any actions whatsoever.	to participate in the above activity, I, for s, do hereby release and forever discharge The inistrators, faculty members, employees, ultural Society who arranged, advised or of this activity from any claims, including could bring on my child's behalf with regard, including those based on negligence, in any this activity.
Board of Trustees, respect Crawford County Agricu	tive entities, employees Itural Society against an	demnify The Ohio State University and/or its, servants, agents, assigns, officers and the y and all claims, including claims of hem as a result of his/her participation in the
	ver damages from the U	ald ultimately bear the loss if my child should Iniversity or its Board of Trustees, entities, ers.
I have read this entire a understand it, and I agr		nd indemnify the University, I fully by it.
Child's Name		Date
Parent or Legal Guardian	's Name (Print)	
Parent or Legal Guardian	's Signature	
In case of emergency, co	ntact: (Name)	
Phone Number		or

(This form to be used if participant is under the age of 18 years.)

Medical Release

(optional)

Name (last)	(first)	(midd	lle)
• •		·	ŕ
Address(street)	(city)	(state)	(zip)
Phone (home)	cell)		
Guardian's Work Phone		_	
Male Female	Age	Date of Birth	
List current medical conditions	and medications		
List any restrictions on activitie	s		
In Case of Emergency, contact:	(List work or cel	phone or pager if applicable.)	
		Phone	
(List all that apply to your child)			
understand participants will be the event of accidental injury participant's present medical co- illness, I will be notified. If	(with the except supervised. I un or illness, nor onditions listed. I I cannot be cont e proper treatment	my permission to attend and participation of those restricted activities linderstand the volunteers are not responder the compounded injury or illness further understand in case of serious acted, I give my permission to the serious and to order injection, anesthesia, or	sted). onsible in the second of the second o
Signature		Date	
Primary (your) Insurance Comp	pany		
Policy Number			