Release from Responsibility, Assumption of Risk, and Waiver for Participation

CFAES

PARTICIPANT'S FULL NAME: _____

DATE OF BIRTH (MO/DAY/YR): _____

ADDRESS: _____

ACTIVITY NAME: _____

SPONSOR OF ACTIVITY: The Ohio State University, Ohio 4-H (insert county)

LOCATION: _____

DATE(S): **START DATE:** _____ **END DATE:** _____

DESCRIPTION: Participants in the _____program will be under the direction and supervision of 4-H volunteers and staff. Participants will follow all verbal and written instruction by program staff. Failure to follow the direction of program staff, failure to wear appropriate safety or protective gear, behavior that puts the safety of the participant or others at risk or using any program materials for a purpose other than what intended could result in temporary or complete removal from the program. While in the program, participants will engage in a variety of activities which may include, but are not limited to: **(insert description)**

I understand that my child is not required to participate in this program, but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, paralysis and/or death. I understand and accept such risks, and release, Ohio 4-H, The Ohio State University, its Trustees, boards, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person that may result from or occur during my participation in the activity, whether caused by negligence of The Ohio State University, its Trustees, boards, officers, employees, or representatives, or otherwise. I further agree to hold harmless, Ohio 4-H, The Ohio State University and its Trustees, boards, officers, employees, and representatives from liability for the injury of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the above-described activity. I understand that I am solely responsible for any costs arising out of any injury or property damage sustained through my child's participation in 4-H educational programs.

I understand that my child will be participating in this event with other 4-H members and that program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, and The Ohio State University are not responsible for any potential injury or illness resulting from my child's participation. I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO HOLD HARMLESS THE OHIO STATE UNIVERSITY FOR ANY LIABILITY FOR INJURY OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Parent/Legal Guardian Responsibility: Does your child have any medical needs or accommodations that would limit their ability to fully participate in the scheduled program/activity? If so, please contact *insert contact information* at your earlier convenience to discuss those needs with program staff.

Participant Signature: _____ Print Name: _____ Date: _____

Print Name: _____ _____ Date: _____

Authorizing Signature of Parent/Legal Guardian if Participant is under 18 years of age

Print Name: _____

Depending on the activity, additional forms may also be needed to complete, such as the Ohio 4-H Code of Conduct (if not already enrolled in the 4HOnline system), Photo Release, and any necessary Transportation forms.

THE OHIO STATE UNIVERSITY EXTENSION

College of Food, Agricultural, and Environmental Sciences
Ohio 4-H Youth Development
ohio4h.org

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Revised 10/2024 by Epley, H.K, and Bloir, K.