

Cleveland State University
Parent's Consent, Release and Waiver of Liability

IF APPLICANT IS LESS THAN 18 YEARS OF AGE, BOTH SIDES OF THIS FORM MUST BE COMPLETED AND SIGNED.

I hereby give my consent for my minor child, _____ to participate in _____, (the "event").

If my child becomes ill or is injured while participating in this event, please contact either of the following:

Daytime

Name _____ Phone (_____) _____

Name _____ Phone (_____) _____

Evening

Name _____ Phone (_____) _____

Name _____ Phone (_____) _____

In the event that reasonable attempts to contact the above-mentioned persons are unsuccessful or impractical, I hereby give my consent for emergency medical treatment to be administered to my child and/ or the transfer of my child to a treatment facility. I also release all such personnel from any claim whatsoever on account of first aid or service rendered to my child during participation in the event listed above.

I have read and fully understand the entire **RELEASE AND WAIVER OF LIABILITY**, including the paragraph relating to no known health problems or conditions and my consent to emergency treatment. In consideration for my child's participation in the event listed above, I do hereby agree to assume all the risks and responsibilities surrounding such participation and do hereby also for and on behalf of myself, my minor child, my heirs, executors, administrators and assigns waive, release and forever discharge Cleveland State University, its Board of Trustees, officers, employees, and agents from any and all liabilities, demands, claims, damages, losses, costs (including attorney's fees), actions and causes of action arising out of my child's participation in this event.

Parent's/Legal Guardian's Signature

Date

Parent's/Legal Guardian's Name (please print)

(_____) _____
Parent's/Legal Guardian's Phone

Parent's/Legal Guardian's Address

**Cleveland State University
Release and Waiver of Liability**

As consideration for my participation in the _____, (the "event") I hereby for myself, family, heirs, executors, administrators and assigns waive, release and forever discharge Cleveland State University and its Board of Trustees, officers, employees and agents from any and all liabilities, demands, claims, damages, losses, costs (including attorney's fees), actions and causes of action arising out of or in connection with my participation in the above listed event and/or the use of Cleveland State University facilities, furnishings, or equipment during this event, except to the extent such liabilities, demands, claims, damages, losses, costs (excluding attorney's fees), actions and causes of action are attributable to the negligent actions of Cleveland State University or its Trustees, officers, employees, or agents while acting within the course of their employment, as set forth in Ohio Revised Code Section 2743.02. I also acknowledge that Cleveland State University and its Trustees, officers, employees and agents assume no responsibility for any bodily injury, death, loss, illness or accident to myself or others or damage to personal property which may arise out of my participation in this event.

I fully understand and hereby acknowledge that participation in this event involves many risks, including the risks of serious bodily injury and death. In consideration of being allowed to participate in the event listed above, I voluntarily accept and assume all responsibility for and risk of such personal injury arising from such participation.

I understand that any University personnel or agents participating in this event are not necessarily medically trained to care for any physical or medical problems that may occur during this event. I release all such personnel from any claim whatsoever on account of first aid or service rendered to me during my participation in this event.

By placing my signature below, I acknowledge that I have adequate medical and hospitalization insurance for any injuries that I may incur as a result of participating in this event.

I attest and verify that I am 18 years of age or older, that I have had a recent physical examination and that I have no known health problems or conditions that could prevent me from successfully participating in this activity.

IF APPLICANT IS LESS THAN 18 YEARS OF AGE, THE PARENT'S CONSENT, RELEASE AND WAIVER OF LIABILITY ON THE BACK OF THIS FORM MUST ALSO BE COMPLETED AND SIGNED.

Participant's Name (Please print)

(_____)_____
Participant's Phone

Participant's Address

I have read and fully understand the entire **RELEASE AND WAIVER OF LIABILITY** and my signature below confirms my full understanding and voluntary acceptance of such **RELEASE AND WAIVER OF LIABILITY**.

Participant's Signature

Date