



Ohio Wesleyan Athletic Facilities Individual Waiver Form

Today's Date: _____

Name: _____ Date of Birth: _____

Phone: _____

EMERGENCY CONTACT

Name: _____ Phone: _____ Relationship: _____

In consideration of any and all participation in the Department of Athletics programs and activities, including use of facilities and equipment, the undersigned agrees and understands that risk of serious and permanent injury from the activities does exist, and knowingly and freely assumes all risks, both known and unknown, even if arising from the negligence of the Department or others and assumes full responsibility for participation and use of all facilities. The undersigned further agrees to comply with the stated and customary terms and conditions of participation and agrees that if any unusual or significant hazard is observed, activities will be discontinued and the undersigned will bring such matter to the attention of the nearest official immediately. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, hereby release and hold harmless Ohio Wesleyan University, its Board of Trustees and officers, agents and/or employees, with respect to any and all injury, disability, death, or loss or damage to person or property which I may incur to the fullest extent permitted by law.

X _____
Signature Date

X _____
Parent/Guardian Signature (If under 18 years of age) Date