

Release of Liability Form—Ohio Wesleyan University

Liability Release

Release executed on _____, by _____ for the benefit of Ohio Wesleyan University.
(date) (name)

In consideration of my being permitted to participate in an Ohio Wesleyan University ("OWU") wilderness-related Program ("Program"), I do hereby agree to release, indemnify, and forever discharge, OWU, including the Corporation, its Trustees, faculty, employees, staff, and other agents of and against any and all liability and responsibility for any claim or cause of action on account of any personal injury, accident, damage, expenses, or other loss caused, suffered, or incurred by myself or any other person(s) or entity during, arising out of or in any way associated, directly or indirectly, with my participation, or for contribution or indemnification in respect to any claim made against me by any participant in the Program, or any other person or entity in connection therewith.

I understand that parts of the Program may be physically and emotionally demanding. I affirm that the confidential medical information that I have provided is accurate and complete. I understand that failure to disclose this information could affect my own safety and those around me, and I agree to hold OWU harmless if full disclosure of a pre-existing medical condition has not been provided. I acknowledge and represent that I am physically capable of engaging in such physical activities and that I am responsible for monitoring my condition and will refrain from, and cease participation in, any activities that I believe pose a risk to my health.

I acknowledge that I have an obligation to provide the requested medical information to Program staff prior to my participation in the Program and to disclose any injuries or illness I may suffer or may have suffered subsequent to by returning this form. I agree to assume all risks and hazards resulting from any undisclosed injuries or illnesses. Further, I authorize Program staff, at any time and from time to time during the program, to take such action deemed necessary or desirable for my welfare when I am sick or disabled, including without limitation, to transport or to make arrangements to transport me to a hospital or other health care facility for treatment to be rendered to me under the general or special supervision of a nurse, dentist, physician, or surgeon licensed to practice in the local area.

The Program may involve a variety of activities. I understand that the Program is designed to be challenging, as well as educational. I agree to follow all safety instructions given by Program staff. I acknowledge that my level of participation in any specific Program activity is at all times completely voluntary and my choice. I recognize that there are inherent risks involved with participation in the Program and that I assume the risks therein.

Further, I acknowledge that I have read and understand the above statements and that if I am unable to do so, for whatever reason, I have had them read to me and am confident that the individual doing so has read and/or translated the statements truthfully and in their entirety.

This release and consent has been executed on behalf of myself, my heirs, and assigns, and has been made with full knowledge of the possible uses involved. This instrument has been executed in and shall be interpreted according to the laws of the state of Ohio.

In witness whereof, I execute this release on the day and year first above written.

Signature of Witness

Printed Name:

Signature of Participant

Printed Name: