

**** COMPLETE ONLY ONE SIDE OF THIS FORM ****

- ◆ Participant completes Side A if 18 years of age or older.
- ◆ Parent/guardian completes Side B if participant if under 18 years of age.

**SIDE B
AGREEMENT TO RELEASE AND INDEMNIFY THE UNIVERSITY**

I give my consent for any emergency medical treatment that my child (named below) might require as a result of his/her participation in the _____ activity from _____ to _____.

In consideration for honoring my child’s request to participate in the above activity, I, for myself, my executors, administrators, and assigns, do hereby release and forever discharge The Ohio State University its Board of Trustees, administrators, faculty members, employees, agents, and students; who arranged, advised or supervised the scheduling or any other function of this activity from any claims, including claims of negligence, that I might have myself or could bring on my child’s behalf with regard to damages, demands, or any actions whatsoever, including those based on negligence, in any manner arising out of my child’s participation in this activity. I also hereby agree to save, hold harmless, and indemnify The Ohio State University and/or its Board of Trustees, respective entities, employees, servants, agents, assigns, and officers against any and all claims, including claims of negligence, which my child might bring against them as a result of his/her participation in the above activity. I understand that by signing this agreement I would ultimately bear the loss, if my child should successfully sue and recover damages from the University or its Board of Trustees, entities, employees, servants, agents, assigns, and/or officers.

Photo Release: I give the Ohio State University Extension/4-H permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

I HAVE READ THIS ENTIRE AGREEMENT TO RELEASE AND INDEMNIFY THE UNIVERSITY. I FULLY UNDERSTAND IT, AND I AGREE TO BE LEGALLY BOUND BY IT.

Date _____

Parent or Legal Guardian’s Name (Please Print) _____

Parent or Legal Guardian’s Signature _____

Child’s Name _____



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**SIDE A
RELEASE OF CLAIMS**

I, _____, am a member of the _____
4-H Club, and would like the opportunity to participate in the _____
activity from _____ to _____. I
understand that I am not required to participate in this activity, but I want to do so, despite the
possible risks and despite this Agreement. I also recognize that by participating in this activity,
as with participation in any sports or physical activity, I risk sustaining personal injury.

In consideration of being granted the opportunity to participate in this activity, I, for myself, my
executors, administrators, and assigns, do hereby release and forever discharge The Ohio
State University and its Board of Trustees; its administrators, faculty members, employees,
agents, and students, who arranged, advised or supervised the travel, scheduling or any other
function of this activity from all claims of damages, demands, and any actions whatsoever,
including those based on negligence, in any manner arising out of my participation in this
activity.

I hereby attest and verify that I have full knowledge of the risks involved in this activity, that I
assume any expenses I may incur in the event of an accident, illness or other incapacity,
regardless of whether I have authorized such expenses.

As a participant of this activity, I also hereby agree that I must comply with University rules and
regulations.

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with respect to copyright ownership and publication including any claim for compensation
related to use of the materials.

I represent and certify that my true age is either 18 years old or, if I am under 18 years old on
this date, my parent or legal guardian has signed the Agreement or Release and Indemnify the
University on the reverse side of this paper.

I HAVE READ THIS ENTIRE RELEASE, I FULLY UNDERSTAND IT, AND I AGREE TO BE
LEGALLY BOUND BY IT.

Date _____

Participant's Name (Please Print or Type) _____

Participant's Signature _____

