GUEST REGISTRATION
AND ASSUMPTION OF RISK

Activity/Event: _______________________________________________________

Instructor: _______________________________________________________

Date: _______________________________________________________

We, the undersigned, desire to participate at The Ohio State University Department of Recreational Sports. We are aware and have been informed that such activities involve physical and emotional risks, such as physical person-to-person contact, exertion, use of equipment and the use of various indoor and outdoor facilities.

In consideration of The Ohio State University’s effort on our behalf, we do hereby voluntarily assume all risk of death, accident, injury, damage, and/or loss to ourselves or our property, which may arise out of our participation in the said program. We also hereby release and discharge The State of Ohio, The Ohio State University and all Ohio State officers and personnel paid or volunteer associated or connected with the said program for every claim, liability or damage of any kind caused by the negligence of the State of Ohio, The Ohio State University, personnel involved or otherwise which may result from our participation in the said program.

We further hereby represent that we do not have any medical impairment, disease, physical liability, or injury which would prevent our participation in the said program; and that we have medical insurance that covers our participation.

We voluntarily choose to participate in the activities.

First Name & Last Name.#

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First Name                      Last Name

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