

OUTDOOR ADVENTURE CENTER PROGRAM WAIVER/RELEASE

Activity: _____

Date(s) of Activity: _____

Participation in outdoor adventure activities exposes one to many potential hazards, including the potential for severe injury and even death. The Outdoor Adventure Center Staff strives to manage these risks, but many risks are beyond their control. Some of the inherent dangers and risks that may be present or occur include, but are not limited to, the following:

- Accidents, illness or other problems in remote places without cell phones, other means of communication or easy access to medical facilities.
- Travel in a vehicle driven by a person other than self.
- Forces of nature including lightning, storms, wind, rain, snow, ice, cold, heat, weather changes and changes in water level.
- Wounds and injuries to skin, organs, muscles, joints and bones.
- Injuries inflicted by animals, plants, UV rays or other natural forces.
- Physical exertion associated with the movements involved with outdoor adventure activities that can cause fatigue, soreness, joint, stiffness and blisters.
- Exposure to natural and man-made fire.
- Problems due to defects in manufacturer's products or arising from the improper use of products.
- Potential problems associated with back country navigation.
- Hazards related to water including wading, swimming or capsizing into water containing cold temperatures, rocks, trees, currents,
- rapids, re-circulating holes, waterfalls, man-made objects or other obstacles in the water. This can result in hypothermia, injury, entrapment or drowning.

I recognize that each person must be responsible for his/her own well-being and the well-being of the group s/he is a member. I will share with the other participants the concerns and responsibilities of safety and agrees to follow OAC safety procedures and to avoid unnecessary hazardous situations, whether or not those situations have been specified.

I fully understand the dangers of participation in an outdoor adventure activity exposes one to many potential hazards, including the potential for severe injury and even death. I understand that I may be injured as a result of my participation in this The Ohio State University Office of Student Life Department of Recreational Sports Outdoor Adventure Center program and knowingly assume all risks. In consideration for being allowed to voluntarily participate in The Ohio State University Office of Student Life Department of Recreational Sports program, I for myself, my heirs, executors, administrators and assigns, hereby release and forever discharge The Ohio State University and its Board of Trustees, employees, officers and agents from any claims, demands and cause of action arising from my participation in this program.

I hereby affirm that I have read and fully understand the above and agree to be legally bound by it. **I ALSO AFFIRM I AM OVER 18 YEARS OF AGE.** If under 18 years of age, a parent/guardian signature is required.

Participant's Signature

Today's Date

Parent or Guardian Signature (if under 18)

Today's Date