



Cleveland State University

ATHLETICS DEPARTMENT ASSUMPTION OF THE RISK, RELEASE, AND WAIVER OF LIABILITY

As consideration for the opportunity to use the property, facilities, equipment, and/or services of Cleveland State University and off-campus locations and/or to participate in the Athletics Department summer camps, programs and activities, I acknowledge that I have read the following and voluntarily agree to its terms and conditions:

- I am at least 18 years of age. ___ yes ___ no (If no, see below**)
- I understand and agree that my use of the property, facilities, equipment, and/or services of Cleveland State University, my participation in Athletics Department summer camps, programs and activities, and/or any transportation to these summer camps, programs and activities at off-campus locations is strictly voluntary.
- I acknowledge that I have the physical ability, skills, qualifications, and training necessary to properly and safely use the property, facilities, equipment, and/or services of Cleveland State University and/or to participate in Athletics Department summer camps, programs and activities. I agree that if I have any question(s) as to what physical ability, skills, qualifications, or training is necessary for me to properly and safely use the property, facilities, equipment, and/or services of Cleveland State University and/or to participate in Athletics Department summer campus, programs and activities, I will direct such question(s) to the Director or the summer camp, program or activity.
- I understand that my use of the property, facilities, equipment, and/or services of Cleveland State University, my participation in Athletics Department summer camps, programs and activities, and/or any transportation to these summer camps, programs and activities at off-campus locations present certain risks of injury including but not limited to personal injury or death. Understanding the risk involved, I knowingly and voluntarily choose to take these risks in order to use the property, facilities, equipment, and/or services of Cleveland State University and/or to participate in Athletics Department summer camps, programs and activities.
- I understand and agree that medical insurance is my responsibility. I acknowledge that Cleveland State University strongly recommends that I purchase health insurance to cover injury or illness which may result from my use of the property, facilities, equipment, and/or services of Cleveland State University, my participation in Athletics Department summer camps, programs and activities, and/or any transportation to these summer camps, programs and activities at off-campus locations. I understand that the State of Ohio, Cleveland State University, the Board of Trustees, and the Athletics Department do not provide insurance for any injury or illness which occurs as a result of my use of the property, facilities, equipment, and/or services of Cleveland State University and/or my participation in Athletics Department summer camps, programs and activities.
- I agree to complete a **MEDICAL INFORMATION FORM** which will be kept on file at Cleveland State University for as long as I am a participant in Athletics Department summer camps, programs and activities and I authorize the Athletics Department and/or Cleveland State University to share this information with medical professionals, as needed.

- In case of emergency, accident, illness, or other incapacity which occurs while I am using the property, facilities, equipment, and/or services of Cleveland State University, participating in Athletics Department summer camps, programs and activities, and/or traveling to these summer camps, programs and activities at off-campus locations, I give my permission to be treated by a medical professional and admitted to a hospital, if necessary. I understand and agree that I am responsible for all medical and emergency expenses incurred on my behalf regardless of whether I have authorized such expenses.
- I forever release the State of Ohio, Cleveland State University, the Board of Trustees, and the Athletics Department, together with their agents, officers, and employees, from any and all claims, suits, or actions of any nature resulting from or arising out of my use of the property, facilities, equipment, and/or services of Cleveland State University, my participation in Athletics Department summer camps, programs and activities, and/or any transportation to these summer camps, programs and activities at off-campus locations. I understand that this ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY binds my heirs, executors, administrators, and assigns, as well as me.

****IF PARTICIPANT IS LESS THAN 18 YEARS OF AGE,
THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT MUST ALSO SIGN
BELOW.**

Participant' Name (Please Print) _____

Participant's Phone _____

Participant's Address _____

I have read and fully understand the entire ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY and my signature below confirms my full understanding and voluntary acceptance of such ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY.

Participant's Signature: _____

Date: _____

****I am the parent or legal guardian of the Participant named above; I have read and understand the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY (including such parts as my subject me to personal financial responsibility); I am and will be legally responsible for the obligations and acts of the Participant as described above: and I agree, for myself and for the participant, to be bound by these terms.**

Parent/Guardian's Name (Please Print) _____

Parent/Guardian's Address _____

Parent/Guardian's Signature _____

Date: _____