

CONSENT, WAIVER, AND RELEASE OF CLAIMS FORM

The Ohio State University recognizes \_\_\_\_\_ as a university-related program for those students desiring to participate. This is a class, lecture or studio that may require travel to a location off campus from the Ohio State University with the usual potential for risk of personal injury or damage to property normally associated with such travel.

Students should be aware of any and all custom requirements if departing the United States.

As a condition of participating in the field trip on the date of \_\_\_\_\_ to the site at \_\_\_\_\_, the undersigned students agree to the following:

***In consideration of being granted the opportunity to participate in this activity and use of service and facilities furnished and/or made available by the Ohio State University as well as the help, assistance and employees of the University, I do release and forever discharge for myself and my heirs, executors, administrators and assigns, The Ohio State University, its Trustees, officers, employees and agents from all claims, demands, actions, and causes of action for personal injury or any other damage existing or which may arise out of or be in any way connected with this activity.***

**HEALTH INSURANCE IS REQUIRED OF ALL PARTICIPANTS. By signing below, I certify that I have health insurance coverage and consent to receive medical treatment which may be deemed advisable in the event of injury, accident, or illness during this activity.**

