

## INFORMED CONSENT AND VOLUNTARY WAIVER AND RELEASE

### PROGRAM/CAMP INFORMATION

Program/Camp Name: \_\_\_\_\_

Date(s): \_\_\_\_\_ Location: \_\_\_\_\_

### PARTICIPANT INFORMATION

Name of Participant \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M F

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY PARENT(S) OR LEGAL GUARDIAN(S) BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE-REFERENCED PROGRAM.

I/We, the undersigned, wish for my/our child (hereinafter, "Child") to participate in the above-referenced arts program (hereinafter, "Program") on the date(s) and location(s) indicated above and, in consideration for my/our Child's participation, I/we hereby agree as follows:

I/We, on behalf of myself/ourselves and my/our Child, hereby release the State of Ohio, Wright State University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Program Staff, and all other officers, directors, employees, volunteers, agents, and affiliates (hereinafter, collectively, "Wright State University") from any and all liability as to any right of action that may accrue to myself/ourselves, my/our Child, or my/our heirs or representatives for any injury to my/our Child or any loss that my/our Child may suffer arising out of or relating to participating in and/or traveling to or from the Program.

I/We, on behalf of my/our Child, furthermore waive, release, indemnify, and hold harmless Wright State University from and against any and all liability, actions, debts, claims, and demands of any and every kind whatsoever, specifically including but not limited to any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my/our Child may suffer or for which my/our Child may be liable to any other person, that may or does arise out of or relate to my/our Child's participation in the Program. I/We further understand and agree that Wright State University is not responsible for my/our Child's personal property.

In the event of an accident or serious illness, I/we hereby authorize Wright State University to obtain emergency medical treatment for my/our Child on my/our behalf. I/We hereby agree to indemnify and hold harmless Wright State University from and against any claims, causes of action, damages and/or liabilities arising out of or relating to any such medical treatment. I/We

further agree to accept full responsibility for any and all expenses, including medical expenses, that may derive from any injuries to my/our Child that may occur during his/her participation in the Program.

This RELEASE shall be governed by and construed under the laws of the State of Ohio, without regard to any choice of laws or conflict of laws provisions.

This RELEASE contains the entire agreement between the parties regarding the subject matter hereof. The information I/we have provided is disclosed accurately and truthfully. I/We have been given ample opportunity to read this document and I/we understand and agree to all of its terms and conditions. I/We understand that I am/we are giving up substantial rights (including my/our right to sue), and acknowledge that I am/we are signing this document freely and voluntarily, and intend by my/our signature(s) to provide a complete and unconditional release of all liability to the greatest extent allowed by law.

My/our signature(s) on this document is/are intended to bind not only myself/ourselves and my/our Child but also our successors, representatives, heirs, administrators, and assigns.

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF EIGHTEEN.

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(required ONLY if Participant is age 18 or older)

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_