Ohio University Club Sports
Department of Campus Recreation

VISITING TEAM ASSUMPTION OF RISK FORM

_____	_____	_____
Visiting School	Club Sport	Date / Location

_____	_____
Visiting Presidents Name	Visiting Presidents Email

We, the undersigned, desire to participate in the following Ohio University Club Sport Activity. We are aware and have been informed that these activities involve physical and emotional risks, such as physical person-to-person contact, exertion, use of equipment and the use of indoor and outdoor facilities.

In consideration of Ohio University's efforts 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, Ohio University, and all Ohio University 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, Ohio 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 of the Club Sport team.

Name (Please Print)	Signature

If more space needed, please use additional sheet(s).