

**PERMISSION AND RELEASE FORM
SPECIAL EVENT: STUDENT TRIP, OUTINGS, and/or ACTIVITIES**

NAME OF STUDENT (print): _____ Age _____

As a member or guest of _____, I will
club or organization

participate in _____
activity(ies)

at _____ on _____ (dates).
location of activity(ies)

The risks associated with this activity includes, but are not limited to:

Please note the following reminders:

- **The UC Student Code of Conduct applies to students engaged in clubs and other student activities.**
 - **UC Rules require students to maintain Student Health insurance or other medical insurance.**
 - **UC Student Organizations are not part of, nor do they act on behalf of, the University of Cincinnati. Do NOT assume that club members or activities are covered by UC liability insurance.**
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FOR STUDENTS EIGHTEEN YEARS OF AGE OR OLDER:

In consideration of my participation in this event, for myself, my heirs, executors, administrators and assigns, I hereby waive and relinquish any and all rights, claims, demands and causes of action which I may have and agree not to make any claim or file any lawsuit against the State of Ohio, the University of Cincinnati, its trustees, officers, employees, agents, and coaches/instructors as well as the _____ (name of organization) by reason of my participation in the event. I also agree to indemnify the University of Cincinnati, the State of Ohio, and their employees from any damages or injuries that I may cause through my participation in this event. I have been advised of the nature of this event, including any special risks, and I agree to follow any safety instructions, and to be personally responsible for myself and my behavior.

I have read and agree to the above.

Signature of Adult Student

Date

Medical information (including medications or allergies) related to medical conditions that are relevant to this event or for which I will require special accommodations:

In case of emergency contact: _____ at telephone number:

FOR STUDENTS UNDER THE AGE OF EIGHTEEN:

I hereby give permission for my son, daughter or ward to participate in the event described above. As his/her parent or guardian, in consideration of his or her participation in the event, for myself, my heirs, executors, administrators and assigns, and on behalf of my child(ren) or ward, I hereby waive and relinquish any and all rights, claims, demands and causes of action which any of us may have and agree not to make any claim or file any lawsuit against the State of Ohio or the University of Cincinnati, its trustees, officers, employees or agents by reason of participation in the event. I am aware of the nature of this event, including any special risks, and I have advised my child or ward of the need to follow any safety instructions and to be personally responsible for his or her behavior. I also agree to indemnify the University of Cincinnati, the State of Ohio, and their employees from any damages or injuries that my child or ward may cause through participation in this event.

EMERGENCY TREATMENT AUTHORIZATION AND RELEASE

I authorize the treatment of my child or ward in the event he or she becomes ill or is injured while participating in the event. Although an effort will be made to contact parent(s) or guardian, I hereby authorize medical treatment, including hospitalization or surgery, in the event I cannot be reached.

I have read the above and agree on behalf of myself and/or my child or ward.

Signature of Parent or Legal Guardian

Date