



Cleveland State University

ATHLETICS DEPARTMENT AND CAMPUS RECREATION SERVICES

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/or participate in the Athletics Department and/or Recreation Center camps, programs and activities or rental 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 and/or Recreation Center camps, programs and activities or rental activities, 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 Cleveland State University and/or to participate in Athletics Department and/or Recreation Center summer camps, programs and activities or rental 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 Cleveland State University and/or to participate in Athletics Department and/or Recreation Center campus programs and activities be it through the university or a rental group, I will direct such question(s) to the Director of the 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 and/or Recreation Center camps, programs and activities or rental activities, 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 and/or Recreation Center camps, programs and activities or rental 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 and/or Recreation Center camps, programs and activities or rental activities, I understand that the State of Ohio, Cleveland State University, the Board of Trustees, the Athletics Department and the Recreation Center 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 and/or Recreation Center camps, programs and activities or rental 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 and/or Recreation Center campus, programs and activities or rental activities and I authorize the Athletics Department and/or Recreation Center 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 and/or Recreation Center camps, programs and activities or rental activities, 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, the Athletics Department and the Recreation Center, 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 and/or Recreation Center summer camps, programs and activities or rental activities. 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's Name (Please Print) _____

Participant's Phone _____ Participant's Date of Birth _____

Participant's Address _____ City _____

Zip Code _____ Emergency Contact Name & Telephone Number _____

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 _____ City _____

Zip Code _____

Parent/Guardian's Signature _____ Date _____