

OFFICE OF STUDENT LIFE
RECREATIONAL SPORTS

**RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK,
AND WAIVER FOR PARTICIPATING IN ACTIVITIES**

PARTICIPANT'S FULL NAME: _____ **NAME.#:** _____

SPONSOR OF ACTIVITY: The Ohio State University, Office of Student Life Recreational Sports

LOCATION: _____

DATE(S): **START DATE:** _____ **END DATE:** _____

DESCRIPTION: _____

I, the above-named participant, have voluntarily chosen to participate in the above described activity. I acknowledge that the nature of the activity may expose me to hazards or risks that may result in illness or personal injury, and I understand and appreciate the nature of such hazards and risks. I further acknowledge that I am not being paid by, nor am I an employee of, The Ohio State University or entitled to any University benefits, for my participation in this activity. I acknowledge and agree that prior to participation I will acquire and maintain in force during the activity, a policy or policies of health and accident insurance covering hospitalization and treatment for any injuries I may sustain as a result of this activity.

I agree that if I am exhibiting symptoms of respiratory illness or have a fever of 100°F or higher, sore throat, headache, body aches, chills or loss of taste or smell, I will not participate in Department programs, activities or services and, instead, will follow university directives and contact Student Health Services or my primary care physician. I also know that I may be exposed to COVID-19 and despite all reasonable efforts by the Department, I can still contract COVID-19.

I further understand that dangers may be increased if I have previously had COVID-19. Because COVID-19 is a developing disease, I understand that all the current and future risks associated with COVID-19 are not known at this time and it is not possible to fully list every risk associated with contracting the virus. However, I am aware that COVID-19 complications while engaging in physical activity without appropriate medical clearance may lead to further injury or illness, including, but not limited to: dizziness; respiratory issues and lung damage; cardiac issues, including myocarditis (heart muscle inflammation); blood clots; general inflammation; and muscle inflammation/breakdown.

I acknowledge that The Ohio State University strongly recommends that if I have tested positive or previously been diagnosed with COVID-19, I avoid high-intensity exercise for a minimum of six weeks and that I consult with my physician or other licensed medical-professional prior to participating in any Department programs, activities, or services or re-starting high-intensity exercise.

In consideration of my voluntary participation in this activity, I hereby accept all risk to my health and of any injury that may result from such participation and I hereby release The Ohio State University, its Trustees, boards, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person that may result from or occur during my participation in the activity, whether caused by negligence of The Ohio State University, its Trustees, boards, officers, employees, or representatives, or otherwise. I further agree to hold harmless The Ohio State University and its Trustees, boards, officers, employees, and representatives from liability for the injury of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the above described activity.

RECREATIONAL SPORTS

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO HOLD HARMLESS THE OHIO STATE UNIVERSITY FOR ANY LIABILITY FOR INJURY OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Participant Signature: _____

Date: _____

Print Name: _____

If participant is under 18 years of age, Signature of Authorizing Parent/Legal Guardian:

Date: _____

Print Name Of Authorizing Parent/Guardian: _____