**Waiver, Release, and Consent for Medical Treatment**

The Ohio State University intends to make available a variety of Recreational Sports activities during Sibs & Kids weekend. Such activities may include but are not limited to the following:

* Open recreation;
* Fitness exercises;
* Climbing center activities;
* Rappelling;
* Inflatable activities;
* A foot race;
* Ground-based team building initiatives;
* Swimming activities;
* Kayaking or stand-up paddling in indoor pool space; and
* Other similar sports activities

Such Recreational Sports Activities (“Activities”) will be open to minor participants on a voluntary basis during Sibs & Kids Weekend. In consideration for honoring my minor child’s request to participate in one or more Activities, I, for myself, my executors, administrators, and assigns, do hereby release and forever discharge The Ohio State University and its employees, officers, and trustees from any claim that I might have myself or could bring on my child’s behalf with regard to damages, demands, or any actions whatsoever, in any manner arising out of my child’s participation in these Activities.

I acknowledge and fully understand that these Activities involve risk of injury, including permanent disability and death, and economic losses which may result not only from my child’s actions or inactions, but the actions, inactions, or negligence of others and/or the conditions of the premises or any equipment used. I knowingly assume all of the forgoing risks and accept responsibility for any damages which may result.

I hereby consent to medical treatment for my child which may be deemed advisable in the event of injury, accident, or illness during the Activities and authorize Ohio State staff to obtain appropriate medical attention as required. I agree to assume full responsibility for any costs which may be incurred as a result of such medical treatment.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING, AND KNOWINGLY AGREE TO BE BOUND BY ITS TERMS.

Child Participant Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_