



Hold Harmless, Release, and Assumption of Risk

STUDENT RECREATION AND WELLNESS CENTER · 1550 Ted Boyd Drive · Kent, OH · 44242 · 330.672.4REC · recwell@kent.edu

In consideration of being permitted to enter Kent State University's Student Recreation and Wellness Center (SRWC) or any facility or field maintained by Recreation and Wellness Services or any other University-owned property, for any purpose, including but not limited to observation, use of facilities or equipment, participation in instructional or fitness classes or sessions, club sports, or participation in any way related, and by your signature below, You hereby acknowledge and agrees to the following:

I have inspected, or immediately upon entering, will inspect such premises and facilities and any such use or observation constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and that I find and accept the same as being safe and reasonably suited for use.

I understand and recognize that I am responsible for my own well-being and fully understand all risks involved before participating in any activity or use through Recreation and Wellness Services. I declare that I recognize that it is in my best interest, as well as that of the other participants, to follow the suggestions, guidelines, and/or rules of the activity supervisors, and/or coordinators and that, as an elective, my participation in this activity is entirely voluntary. I fully understand, appreciate, and assume responsibility for the potential dangers, hazards and/or risks, directly and/or indirectly inherent in participating in this activity, as well as engaging in fitness and physical activities in general, which could include the loss of life, serious loss of limb, or loss of property. I agree to utilize all available safety measures including following any safety training provided and wearing all necessary protective gear if required. Also, I understand that the consumption of alcohol and/or use of drugs is strictly prohibited and could result in my dismissal from further participation in the activity.

I understand that any University personnel or agents also participating in this activity are not necessarily medically trained to care for any physical or medical problems that may occur during this activity. I further understand that the University does not carry medical or liability insurance for me while I am participating in this activity. By placing my signature below, I acknowledge to the University that I have adequate medical and hospitalization insurance for any injuries that I may incur as a result of participating in this activity. Recreation and Wellness Services strongly recommends that each member have an annual physical examination and personal medical and accident insurance.

NOW, THEREFORE, in consideration for being allowed to participate in this activity, I agree to release, indemnify, and hold the supervisor(s) and coordinator(s) of this activity, Kent State University, its Board of Trustees, agents, officers, and employees, and student volunteers harmless for any and all direct, indirect, special or consequential damages, or costs, legal and otherwise, which I may incur as a result of my participation in this activity, even if due to the negligence of Kent State University or any person serving in the above-identified capacities. I also agree that I assume full responsibility for and risk of bodily injury, death, or property damage due to the negligence of the releasers or otherwise, while the undersigned is in, upon, or about the premises of the SRWC and or while using the premises or any facilities or equipment hereon.

I have read the above terms of this Agreement,, and I understand and voluntarily agree to the terms and conditions and that I am giving up substantial rights including my right to sue. This Agreement is the entire agreement between the parties and shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I further expressly agree that the forgoing release, waiver, and indemnity provided herein is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that if any portion thereof is held to be invalid, it is agreed that the remaining language shall, notwithstanding, continue in full legal force and effect.

I acknowledge that I am signing the agreement freely and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Name (Please print): _____ Banner ID: _____

Member/Participant Signature: _____ Date: _____

Name of Adventure Center Program: _____

As a parent/guardian on behalf of the above-named minor, I have read the above terms of this Agreement, and I understand and agree to the terms and conditions stated herein on behalf of myself and my minor child. I understand further and agree that the University is not assuming a custodial or special relationship through this activity. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I further agree to indemnify, release, and hold KSU, and its Board of Trustees, its respective entities, administrators, faculty members, employees, agents, and student volunteers harmless against any injury, claim, or action brought against KSU by or on behalf of the above-named Participant, including but not limited to an action brought by the Participant upon reaching the age of majority. I warrant that I am authorized to execute this Agreement and Release on behalf of the above-named minor. I understand that the University is not responsible for supervising my minor child during this activity.

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____ Date: _____

General Information

Do you have any allergies? Yes No If YES, please list: _____

Are you taking any prescribed medications regularly? Yes No If YES, please list: _____

Are there any medical issues or history of injury that would be important for us to know? (e.g. diabetes, high blood pressure, epilepsy, dislocated shoulder, asthma, head injury, etc.) _____

Are there any mental health or behavioral issues that would be important for us to know? _____

Emergency Contact

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____