

**INFORMED CONSENT, VOLUNTARY WAIVER, RELEASE OF LIABILITY
& ASSUMPTION OF RISKS FORM**

ACTIVITY INFORMATION

Activity Description: STEM at the Lake

Date(s): July 26-27, 2017

Location(s): Wright State University Lake Campus Room 227

Supervising Faculty Member: Betsy Crites, 7600 Lake Campus Drive, Celina, OH 45822

Registration Due: July 19, 2017

PARTICIPANT(S) INFORMATION

First & Last Name	Male or Female	Address	Date of Birth

Phone Number () _____

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY PARENT(S) OR LEGAL GUARDIAN(S) BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED ACTIVITY.

I/We, the undersigned, wish for my/our Child (hereinafter "Child") to participate in the above referenced Activity (hereinafter "Activity") on the date(s) and location(s) indicated above and, in consideration for my/our Child's participation, I/we hereby agree as follows:

I/We acknowledge, understand and appreciate that as part of my/our Child's participation in the Activity indicated above, there are dangers, hazards and inherent risks to which my/our Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I/We further realize that participating in the Activity may involve risks and dangers, both known and unknown, including but not limited to my Child's exposure to and use of laboratory equipment in a laboratory setting, and have elected to allow my/our Child to take part in the Activity. Therefore, I/we, on behalf of my/our Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, and/or participating in and traveling to or from the Activity.

I/We, on behalf of my/our Child, hereby release the State of Ohio, Wright State University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Activity Staff, and all other officers, directors, employees, volunteers and agents (hereinafter "Wright State University") from any and all liability as to any right of action that may accrue to my/our heirs or representatives for any injury to my/our Child or loss that my/our Child may suffer while training, preparing, and/or participating in the Activity. This agreement is binding on my/our heirs and assigns.

I/We, on behalf of my/our Child, furthermore release, indemnify and hold harmless Wright State University from and against any and all liability, claims, demands, and causes of action whatsoever, whether presently known or unknown, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my/our Child's participation in the Activity. I/We understand that Wright State University accepts no responsibility for my/our Child's personal property.

My/Our Child has no known medical conditions and is not taking any medications that would interfere with his/her ability to participate safely in this Activity. In the event of an accident or serious illness, I/we hereby authorize representatives of Wright State University to obtain medical treatment for my/our Child on my/our behalf. I/We hereby hold harmless and agree to indemnify Wright State University from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I/We acknowledge that Wright State University does not provide health and accident coverage to my/our Child and that I/we have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of any injury my/our Child may sustain. I/We further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my/our Child that may occur during his/her participation in the Activity.

This RELEASE shall be governed by and construed under the laws of Ohio.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I/we have provided is disclosed accurately and truthfully. I/We have been given ample opportunity to read this document and I/we understand and agree to all of its terms and conditions. I/We understand that I am/we are giving up substantial rights (including my/our right to sue), and acknowledge that I am/we are signing this document freely and voluntarily, and intend by my/our signature(s) to provide a complete and unconditional release of all liability to the greatest extent allowed by law.

My/Our signature(s) on this document is/are intended to bind not only myself/ourselves and my/our Child but also the successors, heirs, representatives, administrators, and assigns of myself/ourselves and my/our Child.

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE
AGE OF EIGHTEEN (18).

Participant(s) Name _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____