
Date(s): _____ Time(s): _____ Location: _____

PARTICIPANT INFORMATION

Name of Participant _____

Street Address _____ City _____ State _____ Zip _____

Phone Number () _____ Date of Birth _____ Gender: M F

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 PROGRAM/CAMP.

I/We, the undersigned, wish for my/our Child (hereinafter "Child") to participate in the above referenced youth program (hereinafter "Program") 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 Program 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 youth program may involve risks and dangers, both known and unknown, and have elected to allow my/our Child to take part in the Program. 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, participating and traveling to or from the Program.

I/We, on behalf of my/our Child, hereby release the State of Ohio, Cleveland State University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Program Staff, and all other officers, directors, employees, volunteers and agents (hereinafter "Cleveland State University") from any and all liability as to any right of action

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 Name _____

Participant's Signature _____ Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____