Hold Harmless Agreement and Release

Kent State University

I am registered to participate in the following activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, offered by Kent State University. The activity will take place during the \_\_\_\_\_\_\_\_\_\_\_ (spring, summer, or fall) semester. I understand and recognize that I am responsible for my own well-being and the well-being of the other participants. 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 my participation in this activity is entirely voluntary and is at the direction or request of persons or entities not associated with Kent State University. I fully understand and appreciate the potential dangers, hazards and/or risks, directly and/or indirectly inherent in participating in this activity, which could also include the loss of life, serious loss of limb, or loss of property. Also, I understand that the consumption of alcohol and/or use of drugs are strictly prohibited and could result in my dismissal from further participation in the activity. Further, I understand and agree that while I can provide my own transportation to the site of this activity, if I choose to ride with another participant, that decision is completely voluntary on my part and I will hold the owner and/or operator harmless for any injury or damage I may suffer as a result, even if due to the negligence of the owner and/or operator.

 I understand that any Organization or 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 nor are these persons trained in the activities in which I may participate. I further understand that the Organization does not carry medical or liability insurance for me while I am participating in this activity. By placing my signature below, I acknowledge to Kent State University that I have adequate medical and hospitalization insurance for any injuries that I may incur as a result of participating in this activity. If during my participation in the above noted activity, I become incapacitated or otherwise unable to provide consent to medical treatment and advance consent cannot be obtained from my family/legal guardian, I agree to have medical treatment performed when, in the opinion of medical personnel; my health or welfare will be adversely affected by any delay. In such an event, I authorize Kent State University or designated representative to grant permission for the medical treatment and/or release of medical information that I provided. I understand that filming or photos taken of any kind by Kent State University representatives belong to the University and can be used for any purpose at the discretion of the University.

I have read the above terms of this Agreement/Release, and I understand and agree to the terms and conditions stated herein. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned.

 NOW, THEREFORE, in consideration for being allowed to participate in this activity, I agree to 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(ies), even if due to the negligence of Kent State University or any other Organization associated with Kent State University or any person serving in the above-identified capacities.

I have read the above terms of this Agreement/Release, and I understand and voluntarily agree to the terms and conditions. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned.

**Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_**