Owens State Community College Liability Release for Adult Service Learning Participants

Name	Date
Activity	
1. I exercise my own free choice to participate in the	above-designated activity.
risks, whether or not specifically identified herein. RELEASE the Released Parties from any and all li negligence and/or willful and wanton conduct, and Parties harmless from any and all liability, claims a	permitted by law, ASSUME all of the reasonably related and foreseeable to all the activities and services in which I participate or which I use, ability, including but not limited to liability arising from negligence, gross divill INDEMNIFY and hold the Association and the other Released and demands of every kind and nature whatsoever which I may ever have in the Activity, including the Released Parties' defense costs and expenses incurred for my benefit.
assigns and personal representatives, if I am decea	nd the members of my family and spouse, if I am alive, and my heirs, ased, and shall be governed by the laws of the State of Ohio. I also agree at the Released Parties for any reason whatsoever shall be brought in the
sites. When choosing to drive or ride in a non-Coll insurance is the responsibility of the vehicle owne	re will not be liable for participants getting to and from Service Learning lege vehicle, I am aware that automobile liability and the corresponding r. If I am a driver, driving my personal vehicle, I certify that I personally des medical payments coverage. I understand that the College's insurance
College regulations regarding conduct, comportme	wens State Community College's Code of Student Conduct and other ent, and academic integrity during my participation in the Activity. I se such standards of conduct and that I may be dismissed from the Activity
AND CAUSES OF ACTION FOR MY INJURY OR DE PARTICIPATING IN THE DESCRIBED ACTIVITY	ND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS EATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES EATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY ON.
Adult Signature	Date
Printed Name	

Emergency Contact ______Phone Number_____

