

## University of Findlay Release Form for External Program Participants

The University of Findlay ("the University") is happy to welcome external programs and their participants onto campus. Each Participant and their parent(s)/guardian(s) are required to sign in acknowledgement and agreement with all of the following:

1.	("the Program") is not affiliated with or sponsored by the University and the University has no oversight or control over the actions taken by the		
	Program's employees, volunteers, agents, or participants.		
<ol> <li>The undersigned Participant and their parent(s)/guardian(s) hereby R DISCHARGE AND COVENANT NOT TO SUE the University, its agents, employees, contractors, students, and volunteers (collectively and for any liability resulting from any personal injury, accident or il death), and/or property loss, however caused, arising from, or in any Participant's participation in the Program. The undersigned Participation parents/guardians also hereby agree to INDEMNIFY, DEFEND, AN Releasees HARMLESS from any and all claims, actions, suits, proceexpenses, damages and liabilities including, but not limited to, attorn from, or in any way related to, Participant's participation in the Program.</li> <li>The undersigned Participant and their parent(s)/guardian(s) acknowledgement form freely and voluntarily. If the unis not 18 years of age on the date of signature, the parent(s)/guardian(s) acceptance of the terms and conditions herein.</li> <li>The undersigned Participant and their parent(s)/guardian(s) agree</li> </ol>			eversity, its Trustees, officers, collectively, "Releasees"), from ecident or illness (including in, or in any way related to, ed Participant and their FEND, AND HOLD the suits, procedures, costs, ed to, attorney's fees, arising in the Program.  In (s) acknowledge that they are y. If the undersigned Participant (guardian(s) must sign indicating)
	signatures will be treated the same as	s signatures by hand.	
Signati	ure of Participant	Date	Participant's Phone #
Findla and co Unive studen Truste limited	parent/guardian on behalf of the above by Release Form for External Programs conditions stated herein. I further increasing of Findlay, its Board of Trustees ats for any action brought against the dees, employees, agents, and volunteer dees to an action brought by him or her unitized to execute this document on behavior	n Participants and I undemnify and hold has, officers, agents, emple state of Ohio, University the above-name upon reaching the age	anderstand and agree to the terms armless the state of Ohio, the ployees, invitees, volunteers, and versity of Findlay, its Board of a Participant, including but not of majority. I warrant that I am
Signati	ure of Parent/Guardian of Minor	 Date	Parent/Guardian Phone #

16101577v1 Rev 9 2022