

**RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND  
WAIVER FOR PARTICIPATING IN ACTIVITIES**

**PARTICIPANT'S FULL NAME:** \_

**DATE OF BIRTH (MO/DAY/YR):** \_

**ADDRESS:** \_

**SPONSOR OF ACTIVITY:** The Ohio State University, Department of Athletics

**LOCATION:** Ohio Stadium 411 Woody Hayes Drive, Columbus, OH 43210

**DATE(S):**      **START DATE:** \_\_\_\_\_      **END DATE:** \_\_\_\_\_

**DESCRIPTION:**      Zero Waste at Ohio Stadium - Zero Waste Team member

I, the above-named participant, have voluntarily chosen to participate in the above described activity. I acknowledge that the nature of the activity may expose me to hazards or risks that may result in illness or personal injury, and I understand and appreciate the nature of such hazards and risks. I further acknowledge that I am not being paid by, nor am I an employee of, The Ohio State University or entitled to any University benefits, for my participation in this activity.

In consideration of my voluntary participation in this activity, I hereby accept all risk to my health and of any injury that may result from such participation and I hereby release The Ohio State University, its Trustees, boards, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person that may result from or occur during my participation in the activity, whether caused by negligence of The Ohio State University, its Trustees, boards, officers, employees, or representatives, or otherwise. I further agree to hold harmless The Ohio State University and its Trustees, boards, officers, employees, and representatives from liability for the injury of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the above described activity.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO HOLD HARMLESS THE OHIO STATE UNIVERSITY FOR ANY LIABILITY FOR INJURY OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

Participant Signature: \_

Date: \_

Print Name: \_

Date: \_

Authorizing Signature of Parent/Legal Guardian if  
Participant is under 18 years of age

Print Name: \_

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