Shawnee State University
Center for Lifelong Learning

AGREEMENT TO RELEASE AND INDEMNIFY

Shawnee State University's Center for Lifelong Learning has agreed to sponsor community courses on the university's campus. I wish to participate in one or more of these courses. Because my participation will involve risk of personal injury or damage to property, I agree to the following as conditions for participation in these instructional sessions:

1) In consideration of being granted the opportunity to participate in this activity, I am willing to assume responsibility for risks of injury of any type, up to and including death. I, for myself, my executors, administrators, assigns, guardians, trustees, and others who may act on my behalf do hereby release and forever discharge Shawnee State University, and its Board of Trustees, officials, administrators, faculty members, instructors, employees, volunteers, agents, students and affiliated entities including but not limited to Flowing Rivers Shotokan, Mid America Karate, and the International Shotokan Karate Federation (collectively, the Releasees) from any and all claims of damages, demands and actions whatsoever, including those based on negligence, that I ever had, now have, or may claim to have arising out of my participation in this activity. I also hereby agree to save, hold harmless and indemnify Shawnee State University and the Releasees from and against any and all liability, losses, claims, demands, costs, and expenses to which Shawnee State University and/or the Releasees may become subject by reason of my participation in this activity. I understand that Shawnee State University cannot be held liable for injuries caused by actions of other students in the activity.

2) I agree to acquire prior to participation in this activity and maintain in force during the period in which I will be engaged in this activity a policy or policies of health and accident insurance covering hospitalization and treatment for any injuries I may sustain as a result of this activity. Such insurance shall be through an insurance company authorized to do business within the State of Ohio. I agree to follow any safety rules applicable to the activity, and to promptly report any injury to my instructor(s).

3) I hereby attest and verify that I have full knowledge of the risks inherent in sport and of the risks involved in this activity, and that I have no knowledge of any physical impairment that would be affected by my participation. I assume any expenses I may incur in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. I give my consent for any emergency medical treatment that I might require as a result of my participation in this activity.

4) I represent and certify that my true age is at least 18 years old. I have read this entire Agreement to Release and Indemnify the university. I fully understand it, and I agree to be legally bound by it.

Participant's Name (please print or type):

Date:

Participant's Signature:

In case of emergency, contact:

Name:

Phone: