



Print Participant's Name _____ **Age** _____ *

Print Parent/Guardian's Name (if participant under 18) _____

***IF YOU ARE UNDER 18:** Parental permission & emergency medical treatment consent is required for individuals under 18. Please complete this form, and return with the parent or guardian's signature. You will NOT be admitted to participate without a signed form.

By signing below, as the Participant or Parent/Guardian, in partial consideration for the Participant to be granted permission to utilize The University of Toledo Office of Recreational Services facilities, programs and services for the following activities, including, but not limited to: using equipment for any purpose, any sport, any exercising, taking any classes, use of the track, use of the locker rooms, use of any and all facilities and equipment in the natatorium, use of high ropes course, use of climb wall or slack line, playing any games, etc. and all other activities during the membership period, I certify and agree to the following terms and conditions.

I certify that as the Participant or Parent/Guardian, I understand the risks inherent in said activity, which may include bodily injury, death or property damage. I agree to release, waive, forever discharge, and covenant not to sue the State of Ohio, The University of Toledo, its governing board, officers, agents, employees, and any students acting as employees, from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature which Participant may have or which may hereafter accrue to Participant, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by Participant or by any property belonging to Participant, whether caused by the negligence or carelessness of the Releasees, or otherwise, while Participant is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

Participant or Parent/Guardian's Initials: _____

EMERGENCY MEDICAL CONSENT: My signature as the Participant or Parent/Guardian below grants my permission for a qualified physician and/or hospital emergency room to administer necessary healthcare to me or my child in the case of an accident or emergency. This permission includes admission to area hospitals if necessary. I acknowledge that such care shall be subject to the terms of this Waiver. I understand and agree that Releasees assume no responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

Participant or Parent/Guardian's Initials: _____

IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT: Name: _____

Relationship to Participant: _____ Phone(s): _____

CLIMB WALL CERTIFICATION AND HELMET WAIVER: By signing below, I certify that as the Participant or Parent/Guardian, a copy of the climb wall guidelines have been made available to me and I have read, understand, and agree to abide by these guidelines. Helmets are required for all climbing wall participants under 18 years of age. If I am an adult choosing to waive use of an UIAA approved helmet, I acknowledge that wearing an UIAA approved helmet may help prevent head injuries and acknowledge that I am aware of the risks associated with not wearing a helmet. I understand that UIAA approved helmets are available upon request at no cost. By not wearing a safety helmet, I am refusing this critical safety precaution, against the advice of the Office of Recreational Services and The University of Toledo, and hereby waive and release the University, its officers, directors, employees, and agents from any and all liability associated with my voluntary refusal to wear a safety helmet.

Participant or Parent/Guardian's Initials: _____



I further state that there are no health-related reasons or problems, which preclude or restrict the Participant's participation in this Activity, and that Participant has adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to Participant. I further agree that this Release shall be construed in accordance with the laws of the State of Ohio. As the signatory below, I state that I am fully competent to sign this Release; and that I execute this Release for full, adequate, and complete consideration fully intending for myself, for Participant and Participant's family, estate, heirs, administrators, personal representatives, or assigns to be bound by the same.

Physician: _____

Address: _____ Phone No: _____

Hospital Preference: _____ or nearest.

Do you or your child have any illness or special conditions, allergies, etc. ____ Yes ____ No

If yes, please explain:

Signature:

Signature of Participant or Parent/Guardian (**required for participation of a minor**) Date