



Outdoor Adventure Clubs of Greater Cincinnati
 8401 Skiff Lane
 Cincinnati, Ohio 45039
 513-235-9700

LIABILITY WAIVER FORM

Please print and use blue or black ink.

1. THE UNDERSIGNED HEREBY GRANTS PERMISSION for my son/daughter/ward _____ to participate in Outdoor Adventure Clubs (OACGC) field trips. I understand these field trips are optional and attendance by said child is not required. Transportation for these activities varies and I am aware of and consent to the plans.
2. THE UNDERSIGNED UNDERSTANDS AND AGREES that the above named student will be responsible in conduct to all adult supervisors at all times. It is further understood students' images/words may be recorded and used in OACGC promotion.
3. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE OACGC, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with OACGC, without respect to location.
4. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the OACGC premises or in any way observing or using any facilities or equipment of the OACGC or participating in any program affiliated regardless of location, with OACGC whether caused by the negligence of the releases or otherwise.
5. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of OACG and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with OACGC.
6. THE UNDERSIGNED HEREBY DECLARES that all the information on the Medical Emergency Form is correct and representative of the person herein described, and further agrees to give full authority to the health care personnel selected by OACGC to administer medications; provide routine health care, photocopy forms, and to order: X-Rays, routine tests; treatment; transportation; and hospitalization should the need arise.
7. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE RELEASEES FROM LIABILITY from any claim whatsoever which may result of any first aid, treatment, services, or assistance to the person while in, about, or upon the premises or any facilities or equipment thereon or participating in any program affiliated with OACGC.
8. THE UNDERSIGNED further expressly agrees that foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
9. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

 (Signature of Participant)

____/____/____
 (Date)

 (Signature of Parent/Guardian)

____/____/____
 (Date)

Student Last Name	Student First Name	Grade	Gender	Race	Mobile Number	Email Address