THE OHIO STATE UNIVERSITY EXTENSION **INFORMED CONSENT / ASSUMPTION OF RISK AGREEMENT**

Specific Trip:	Specific Date(s):	
In the interest of leading individuals in Extension ("OSUE") asks potential participant important that all participants consider and un important that after consideration of such risk responsibility for the results of that participation death, and property loss and/or damage.	ts to carefully review this agre nderstand the risks associated is those who choose to partici	ement. For safety reasons, it is I with this activity. It is also pate in the activity accept
YOU MAY CHOOSE NOT TO PARTICIPATE	E IF YOU DECIDE THE LEVE	L OF RISK IS TOO HIGH.
Participation in outdoor activities experted for severe injury and even death. The Ohio Strisks but many risks are beyond our control. limited to, the following:	State University Extension and	its staff strive to manage these
 Accidents, illness, or other problem communication, or easy access to Travel in a vehicle driven by a pers Forces of nature including lightning and water level changes. 	medical facilities. son other than participants. g, storms, wind, rain, snow, ice	e, cold, heat, weather changes,
 Wounds and/or injuries to skin, org Injuries inflicted by animals, plants Physical exertion associated with the fatigue, soreness, joint stiffness, and Exposure to natural and man-made 	, uv-rays, or other natural force he movements involved with on he blisters. e fire.	es. outdoor activities that can cause
Problems due to defects in manufa products.Problems associated with backcou		om the improper use of
I willingly choose to participate in this choose to participate in spite of the named ar on this trip, I understand that I am solely resp understand that The Ohio State University do participants involved in OSUE programs and medical insurance and for any medical costs	nd unnamed risks that associa onsible for deciding what pers es not carry medical insuranc thus understand that I am res	ated with these activities. While conal equipment to take. I e for the protection of ponsible for providing my own
I am informed about and assume the associated with these activities. I realize that understand that I am responsible for my own OBEY ALL ACTIVITY SAFETY POLICIES.	the OSUE and its staff canno	t totally control these risks. I
By signing this agreement, I agree to employees from any responsibility or liability f damage. This includes any personal injury, ir negligence. I grant OSUE the right to use, for produring my participation in the program.	or personal injury, including dencluding death, and property lo	eath, and property loss and/or oss and/or damage due to
Participant's Signature	Printed Name	 Date