



## LIABILITY WAIVER AND MEDICAL RELEASE

\_\_\_\_\_  
Name

I will be participating in the following activity: \_\_\_\_\_.

I acknowledge that I make this waiver on a voluntary basis, that there may be risk to myself and I voluntarily assume that risk. This assumption is made freely and knowingly without any coercion from anyone.

**I fully recognize that there are dangers and risks to which I may be exposed by participating in the activity during the following dates: \_\_\_\_\_.** These risks include, but are not limited to: catastrophic injury, paralysis, emotional distress, strains, sprains, cuts, bruises, broken bones, and other injuries up to and including death. I am in good health and know of no medical reason why I should not participate in this activity.

I agree to assume all of the risks and responsibilities in any way associated with this activity. In consideration of and return for the services, facilities, and other assistance provided to me by the University in this activity, I release, indemnify and hold harmless Baldwin Wallace University, its employees, faculty, community partner organizations, and agents, from any and all liability, claims, and actions that may arise from injury or harm to me, from my death, or from damage to my property in connection with this activity. I understand that this Waiver and Release covers liability, claims, and actions caused entirely or in part by any acts, or failure to act of the University, its employees, faculty, community partner organizations, and agents, including but not limited to negligence, mistake, or a failure to supervise.

Further, I grant all coaches or responsible faculty or staff affiliated with Baldwin Wallace University, and /or, in their absence, other responsible adults present and acting on their behalf, permission to act in the area of obtaining medical treatment. I also assume financial responsibility for any medical treatment for myself, or my child. I certify and understand the contents of this consent form and my signature represents my consent on my behalf or, in the case of a minor, on behalf of the minor.

I recognize that this Release means I am giving up, among other things, rights to sue the University, its employees, faculty, coaches, and agents for injuries, damages, or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, and assigns, as well as myself.

I understand and acknowledge that my participation in this activity is **not** covered under the insurance of Baldwin Wallace University.

I have read this entire Release. I fully understand it and I agree to be legally bound by it.

\_\_\_\_\_  
**Student Signature** (parent or guardian must also sign if student under 18 years old) **Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**





**ACCEPTANCE OF HEALTH SERVICE EMERGENCY TREATMENT**

If my child \_\_\_\_\_ age \_\_\_\_\_, should become ill or injured during camp, I DO HEREBY GIVE MY PERMISSION for my child to receive all necessary medical attention if the need arises, including permission for my child to be transported to and seen and/or treated by the nearest hospital in the vicinity of the event. Need shall be determined solely at the discretion of the emergency medical provider and/or the professional staff supervising or coordinating the activity, trip or event.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
RELATIONSHIP TO CHILD

\_\_\_\_\_  
DATE

**PARTICIPANT MUST HAVE MEDICAL INSURANCE**

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Group Number

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Name of Policy Holder/Relationship to Participant

**PHOTO RELEASE**

I authorize Baldwin Wallace University to use photographs of my child and his/her work for promotional purposes which may include Baldwin Wallace University online and print publications or submission to the press for use in articles or advertisements.

Yes     No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_