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

Specific Trip: ___________________________  Specific Date(s): ____________________

In the interest of leading individuals in outdoor educational activities the Ohio State University Extension (“OSUE”) asks potential participants to carefully review this agreement. For safety reasons, it is important that all participants consider and understand the risks associated with this activity. It is also important that after consideration of such risks those who choose to participate in the activity accept responsibility for the results of that participation including sole responsibility for personal injury, including death, and property loss and/or damage.

YOU MAY CHOOSE NOT TO PARTICIPATE IF YOU DECIDE THE LEVEL OF RISK IS TOO HIGH.

Participation in outdoor activities exposes one to many potential hazards, including the potential for severe injury and even death. The Ohio State University Extension and its staff strive to manage these risks but many risks are beyond our control. Some of the potential dangers and risks include, but are not limited to, the following:

- Accidents, illness, or other problems in remote places without cell phones, other means of communication, or easy access to medical facilities.
- Travel in a vehicle driven by a person other than participants.
- Forces of nature including lightning, storms, wind, rain, snow, ice, cold, heat, weather changes, and water level changes.
- Wounds and/or injuries to skin, organs, muscles, joints, and bones.
- Injuries inflicted by animals, plants, uv-rays, or other natural forces.
- Physical exertion associated with the movements involved with outdoor activities that can cause fatigue, soreness, joint stiffness, and blisters.
- Exposure to natural and man-made fire.
- Problems due to defects in manufacturer’s products or arising from the improper use of products.
- Problems associated with backcountry navigation.

I willingly choose to participate in this program and I am solely responsible for that decision. I choose to participate in spite of the named and unnamed risks that associated with these activities. While on this trip, I understand that I am solely responsible for deciding what personal equipment to take. I understand that The Ohio State University does not carry medical insurance for the protection of participants involved in OSUE programs and thus understand that I am responsible for providing my own medical insurance and for any medical costs due to personal injury incurred during the trip.

I am informed about and assume the above named risks as well as other unnamed risks associated with these activities. I realize that the OSUE and its staff cannot totally control these risks. I understand that I am responsible for my own decision-making and subsequent actions. I AGREE TO OBEY ALL ACTIVITY SAFETY POLICIES.

By signing this agreement, I agree to release The Ohio State University, its officers, agents, and employees from any responsibility or liability for personal injury, including death, and property loss and/or damage. This includes any personal injury, including death, and property loss and/or damage due to negligence.

I grant OSUE the right to use, for promotional or other purposes, any photographs taken of me during my participation in the program.

Participant’s Signature    Printed Name     Date