OAC Climbing Center Helmet Release Waiver

I agree, on behalf of myself and/or any minor children for whom I am responsible for, that there are inherent dangers involved with climbing activities and that I/we assume all risks associated with such activities. I/we realize that I/we are subject to injury from this activity. I/we further understand that The Ohio State University Safety Policies and Procedures require the use of and wearing of safety protective helmets, which could prevent injury to my/our head, including, but not limited to, permanent brain damage. Against the advice of The Ohio State University, I/we am refusing this critical precaution and thereby waive and release The Ohio State University from any and all liability associated with my voluntary refusal to wear a safety helmet.

Date: _____________________ , 20_____________

____________________________________                               ________________________________
Signature         Name, printed clearly

Parental or Legal Guardian’s Release of All Claims and Covenant Not to Sue

The undersigned parent, guardian, or person having the care and custody of _________________________ (printed child’s name) do hereby consent that he/she may participate in The Ohio State University OAC Climbing Center activities, and in consideration of The Ohio State University or its officers, agents, or employees for any claim which may arise out of the OAC Climbing Center activity. BY SIGNING THIS DOCUMENT, IT IS OUR INTENTION TO EXEMPT AND RELIEVE THE OHIO STATE UNIVERSITY, ITS OFFICERS, AGENTS, OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

Date: ______________________, 20___________

__________________________________                 _________________________________
Parent/guardian’s signature*                     Parent/guardian’s printed name

*You must be the parent or legal guardian of the undersigned child (under 18 years of age) to sign this legally-binding document.

__________________________________                  _________________________________
Witness’s signature        Witness’s printed name