**Release and Waiver of Liability**

 As more fully described below, in consideration of voluntarily participating in **The Ohio State** **University’s Anthropology Public Outreach Program (OSU)** by providing volunteer services for various activities including but not limited to: events on and off campus, in Columbus and elsewhere, including COSI Carts and other museum presentations, public school activities, residence hall activities, library activities and lectures, etc. (referred to as the “Activity”), I agree to assume the risks of injury associated with the Activity, waive certain legal rights, and release from liability **OSU** its agents, owners, officers, affiliates, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as “Releasees”). To this end I hereby agree to release, indemnify, and discharge Releasees, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

* I acknowledge that my participation in the Activity is voluntary;
* I warrant that I am able to safely perform the Activity, and agree to follow all applicable policies, rules and regulations
* I acknowledge that my participation in the Activity entails both known and unanticipated risks that could result in physical or emotional injury or illness, paralysis, death, or damage to myself, to property, or to others. These risks include: injury to person or property, cuts, bruises, broken bones, diseases, injury by fellow participants or strangers or animals, concussions, and even death. I fully and unreservedly accept and assume all such risks.
* I understand that participating in the Activity while under the influence of alcohol and/or drugs is strictly prohibited.
* I, on behalf of myself, my family, my spouse and my heirs, hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action, which are in any way connected with or related to my participation in the Activity to the fullest extent permitted by law, including those based in negligence.
* I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, and I agree to bear the costs of such injury or damage myself. I assume the risk of having insufficient insurance.
* I agree that if any portion of this agreement is found to be unenforceable, the remaining portions shall remain in full force and effect and the unenforceable portion will be reformed to the fullest extent permitted by law.

**CAUTION**

**PLEASE READ CAREFULLY**

**By signing this document, I acknowledge that I have read, understand, and agree to be bound by the foregoing Release.**

Participant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT OR LEGAL GUARDIAN RELEASE AND INDEMNIFICATION**

**(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print minor’s name(s)) (“Minor”) being permitted to participate in the Activity, I, for myself, and on behalf of any other applicable spouse/parent or guardian, and on behalf of the Minor, voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action, which are in any way connected with or related to my participation in the Activity to the fullest extent permitted by law and including claims that Releasees were negligent.

Parent or Legal Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo and Video Release**

I give permission to The Ohio State University to record and edit into video and/or photographs [my or my child’ s] likeness, voice, image and video images and to use all or parts of the video or photographs in print or electronic materials for The Ohio State University to promote any and all public awareness for the program in which [I or my child] is involved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant/Parent/Guardian Signature Date