

The University of Toledo



Assumption of Risk Agreement and Release

Please read carefully and completely before signing.

_____, is a student of, of faculty/staff member at the University of Toledo who
(Print Participant's Name) voluntarily desires to participate in Office of Recreation activities.

The above-named participant is fully aware of the risks and hazards of personal injury, including death or loss of property, that may arise through participation in the activities checked below, including risks of hazards that arise from transportation to and from events, and said person assumes the risk of their participation.

The above-named participant further understands that any and all expenses arising from an accident or injury to the participant's person or property, including but not limited to, ambulance and emergency medical services, are the sole responsibility of the participant.

The above-named participant hereby acknowledges that the Office of Recreation of the University of Toledo strongly recommends that all participants have a yearly examination before participation and further recommends that the named person purchase insurance to cover all accidents or injuries.

In consideration for the University of Toledo allowing the above-named person to participate in the recreational activities checked below, and receive educational, social and other benefits there from, the above-named participant hereby assumes all risks associated with such participation, including the risks associated with transportation to and from all events, and does hereby fully and forever release and discharge, and covenant to hold harmless, and indemnify and repay any sums paid by, the University of Toledo and/or its trustees, officers, employees, agents, or their heirs, successors, executors and assigns from or for any and all claims, demands, damages, rights of action or causes of action, present and future, whether the same are known or unknown, anticipated or unanticipated, resulting or arising from or incidents to the above-named person's participation in the below checked recreational activities:

INTRAMURAL SPORTS All Intramural Sports

SPORT CLUBS

Ice Hockey W. Soccer WLAX MLAX Ultimate Disc Rowing
 W. Basketball M. Soccer Bowling WEX W. Volleyball Sailing
 Wrestling Tennis Fencing Other _____

I have read and fully understand the foregoing Assumption of Risk Agreement and Release and hereby execute same voluntarily.

Participant's Signature: _____ Print Full Name: _____

Date Signed: _____ SSN/UT ID Number: _____

Witness Signature: _____ Print Full Name (Witness): _____

Date Signed: _____