

**RELEASE, ACKNOWLEDGEMENT OF ASSUMPTION OF RISK AND
AGREEMENT TO PARTICIPATE**

I am aware that playing, practicing, training, and/or other involvement in any sport can be a dangerous activity involving MANY RISKS OF INJURY, including, but not limited to the potential for catastrophic injury. I understand that the dangers and risks of playing, practicing, or training in any athletic activity include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, or other aspects of the muscular-skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. Because of the aforementioned dangers of participating in any athletic activity, I recognize the importance of following all instructions of the coaching staff, Sports Medicine staff, and/or the strength and conditioning staff. Furthermore, I understand that the possibility of injury, including catastrophic injury, does exist even though proper rules and techniques are followed to the fullest. I also understand that there are risks involved with traveling in connection with intercollegiate athletics.

In consideration of The University of Northwestern Ohio permitting me to participate in intercollegiate athletics and to engage in all activities and travel related to my sport, I hereby voluntarily assume all risks associated with participation and agree to exonerate, save harmless and release The University of Northwestern Ohio, its agents, servants, trustees, and employees from any and all liability, any medical expenses not covered by The University of Northwestern Ohio athletics medical insurance coverage, and all claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to intercollegiate athletics.

Further, I HEREBY ATTEST that I am physically fit, that I do not have any medical record, history, or condition that could reasonably be expected to be aggravated by my participation in any athletic activity.

Signature: _____

Date: _____

Printed Name: _____

Co-Signature of Parent(s) or Guardian if student is under 18 years of age:

Date: _____