BOWLING GREEN STATE UNIVERSITY LIABILITY RELEASE, WAIVER, DISCHARGE AND AGREEMENT NOT TO SUE

1. I desire to participate in the	following activity/trip	("Activity"), to
activities I undertake suppleme	ransportation to and from the ental to the Activity. These da	opreciate the dangers, hazards, and risks e Activity, and in any independent research or angers and risks can result in injury and ld include serious or even mortal injuries and
participate in the Activity, on be assume all the risks and respondand in any independent research discharge, and covenant not to board, officers, agents, employ any and all liability for any harr expenses of any nature that I rany loss, damage, or injury, income or by any property belonging	ehalf of myself, my family, he nsibilities surrounding my par ch or activities undertaken as sue the State of Ohio, Bowli rees and any students acting m, injury, damage, claims, de may have or that may hereaff cluding but not limited to suff ing to me, whether caused by in, on, upon, or in transit to o	s, and in consideration of being permitted to eirs, and personal representative(s), I agree to ticipation in the Activity, the transportation, supplemental and to release, waive, forevering Green State University, and its governing as employees ("Releasees"), from and against emands, actions, causes of action, costs, and the accrue to me, arising out of or related to fering and death, that may be sustained by the negligence or carelessness of the or from the premises where the Activity, or di.
ment, if necessary, and that su	ch action by Releasees shall easees assume no responsibi	ission to authorize emergency medical treat be subject to the terms of this Agreement. I lity for any injury or damage which might by medical treatment.
of my family and spouse, if I ar	m alive, and my estate, familiam deceased, and shall be o	s agreement shall bind myself, the members y, heirs, administrators, personal leemed as a "Release, Waiver, Discharge and
under-stand its contents and the I am at least eighteen (18) year this release for full, adequate, further state that there are no	nat I sign this document as mars of age and fully competen and complete consideration for health-related reasons or product I have adequate health	t I have carefully read this Agreement and by own free act and deed. I further state that t to sign this Agreement; and that I execute ully intending to be bound by the same. I oblems which preclude or restrict my in insurance necessary to provide for and pay by to me.
any term or provision of this Regoverning this Release the valid University employee, I do not a Bowling Green State University carry Automobile Liability Insur	elease shall be held illegal, ur dity of the remaining portions consider the activity within th . If I am a driver, driving my rance, which includes medical	cordance with the laws of the State of Ohio. If nenforceable, or in conflict with any law is shall not be affected thereby. If I am a e course and scope of my employment with personal vehicle, I certify that I personally payments coverage. "AIN YOU UNDERSTAND IT BEFORE SIGNING."
Signature:		Date:
Print Name:		OR GUARDIAN BEFORE STUDENT CAN
(Print) Parent or Guardian	 Signature	 Date