

**PERMISSION AND RELEASE FORM
SPECIAL EVENT: STUDENT TRIP, OUTINGS, and/or ACTIVITIES**

NAME OF STUDENT (print): _____ Age _____

As a member or guest of _____ University of Cincinnati Mountaineering Club (UCMC) _____, I will
club or organization

participate in various outdoor activities, including, but not limited to: mountaineering, rock climbing, caving, ice climbing, backpacking, hiking, biking, hang gliding, kayaking, white water rafting, and any other UCMC activity.
activity (ies)

at locations throughout the United States on August 25, 2014 thru August 24, 2015.
location of activity(ies) dates

The risks associated with these activities include, but are not limited to:

Falls, Insect bites, Scratches, Skin Irritations, Allergic reactions, Frostbite, Cuts, Bumps, Bruises, Bodily injuries,
Death, Etc

Please note the following reminders:

- The UC Student Code of Conduct applies to students engaged in clubs and other student activities.
- UC Rules require students to maintain Student Health insurance or other medical insurance.
- UC Student Organizations are not part of, nor do they act on behalf of, the University of Cincinnati. Do NOT assume that club members or activities are covered by UC liability insurance.

FOR STUDENTS EIGHTEEN YEARS OF AGE OR OLDER:

In consideration of my participation in any UCMC event, for myself, my heirs, executors, administrators and assigns, I hereby waive and relinquish any and all rights, claims, demands and causes of action which I may have and agree not to make any claim or file any lawsuit against the State of Ohio, the University of Cincinnati, its trustees, officers, employees and agents, as well as the UC Mountaineering Club (UCMC) (name of organization) by reason of my participation in the event. I also agree to indemnify the University of Cincinnati, the State of Ohio, and their employees from any damages or injuries that I may cause through my participation in this event. I have been advised of the nature of this event, including any special risks, and I agree to follow any safety instructions, and to be personally responsible for myself and my behavior.

I have read and agree to the above.

Signature of Adult Student

Date

List any Medical information (including medications or allergies) related to medical conditions that are relevant to any event: I.e. allergic to penicillin, EpiPen requirement, heart murmur, hemophilia etc.

In case of emergency contact: _____ at telephone number: _____