COP Documents/Forms/Forms/For Leaders/Legal size release 20110221 Printed: 2/21/11

Mail to: COP, 1525 Bethel Road Suite 100,Columbus Ohio 43220-2054

This form must be turned in to the COP office within 7 days. *If trip is cancelled*, mail a note or email office@outdoor-pursuits.org to account for it.

_____ x _____ =_____
 # people *#days* *#participant days*

Columbus Outdoor Pursuits Liability Release & Waiver

Trip Name: _____ **Trip Date:** _____ **Leader:** _____

☐ This was a Special Event - [money was charged (includes gas, campsites,etc.) ***AND*** Non-members participated]

Basic Liability Waiver, Indemnification agreement, Permission to Provide Medical Treatment and Publicity Release. Read Before Signing

IN signing this agreement for myself or for the named participants (if the participant is under age 18), I know that those participating will be exposed to risks of serious bodily injury, sickness, or death due to circumstances inherent in this event, including the negligent acts or omissions of others. I also understand and am aware that there are a variety of specific risks and dangers inherent in a voluntary activity such as this including, without limitation, falls, collisions with other participants, motor vehicles, or stationary objects. I may be participating out of doors and exposed to adverse weather conditions, poor sanitation, air or water borne microorganisms, exposure to frost bite, rising water, drowning, or falling objects. I am aware that anyone who is inadequately prepared, trained or in inadequate physical condition is more likely to be injured or killed. I further understand that there is a risk of becoming lost or separated from the rest of the group and I may incur personal liability for the costs of rescue of me or members of my family. I also understand that I may be injured while on land or while traveling via motor vehicle or on foot due to my own carelessness or because of negligence of others. Despite these risks and in exchange for being permitted to participate in this event, I voluntarily agree to assume all of these and other risks inherent in the event.

I acknowledge that I (or the participant for whom I sign if under age 18) am physically capable and sufficiently trained for the completion of this event. I also attest that the equipment used by my (or the participant for whom I sign, if under age 18) has been inspected by me and is in good condition and that I am familiar with its proper use. I am also aware that any medical support provided for this event, if any, is likely to be limited to that provided by volunteer personnel with limited first aid training, who may be called upon to provide assistance to me during the event. I consent and authorize any such volunteer to assist me (or the participant for who I sign if under age 18) or to perform such assistance as, in the opinion of such person, may be necessary or appropriate. I understand further that any such medical or other services provided to me (or the participant for whom I sign if under age 18) is not an admission of liability to provide or to continue to provide any such services and is not a waiver by any of said parties' rights under this agreement.

I understand that Columbus Outdoor Pursuits assumes no responsibility or liability with respect to my participation in this event. I agree, however, to abide by any decision of any official of Columbus Outdoor Pursuits relative to my ability to safely participate in this event. I promise, as well for myself or the named participant (if the participant is under 18) to wear any safety equipment as required by an official of Columbus Outdoor Pursuits such as, but not limited to, helmets, guards, or personal flotation devices. The bicycle helmet will be CPSC, ASTM or SNELL approved and worn at all times while riding the bicycle. I agree to waive my rights to any benefits associated with this event if I fail to wear appropriate safety equipment.

Having read this waiver and knowing these facts and in consideration of Columbus Outdoor Pursuits' acceptance of my application for participation in this event, I, for myself and anyone entitled to act on my behalf, do hereby agree to release, hold harmless, and discharge Columbus Outdoor Pursuits, all sponsors, representatives and volunteers, any involved municipalities or other organizations and the boards, trustees, officers, employees, or volunteers of any of them, from any and all claims or liabilities of any kind arising out of my participation and/or my own acts of negligence in this event whether or not liability may arise out of negligence, recklessness or carelessness on the part of the persons or entities named in this waiver.

I also grant permission to Columbus Outdoor Pursuits and its sponsore to use any photographs, motion pictures, recordings or any record of this event for legitimate purposes.

I further agree to indemnify the persons and entities listed in this agreement for any liability they incur to me, a member of my family, or the participation in connection with this event.

I further agree that if, in breach of this agreement, I institute any judicial proceedings against any of the persons listed in this agreement in connection with this event, I shall bring them in the Common Pleas Court of Franklin County, Ohio, or in the United States District Court of the Southern District of Ohio, Located in Columbus, Ohio, and I consent to personal jurisdiction in those courts. I further agree that, if in breach of this agreement, I institute any such proceedings, I am responsible for all costs and attorneys fees of any person or entity against whom I institute such proceedings.

Having Read And Understood This Agreement, I Voluntarily And Knowingly Sign It.

Print Name	Signature: *if Participant is under age 18 Custodial Parent or guardian must sign the line under participant signature.*	Home Phone	Emergency Phone	Address: Street, City & Zip	COP Member #	Car License #	Non-member fee $2 *(Only if there are other fees involved with this trip)*