

# INFORMED CONSENT, VOLUNTARY WAIVER, RELEASE OF LIABILITY & ASSUMPTION OF RISKS FORM

## ACTIVITY INFORMATION

**Activity Name:** Boonshoft School of Medicine's Human Anatomy and Physiology Interactive (HAPI) Lab

**Location:** 3640 Colonel Glenn Hwy., Dayton, OH 45435

**Date(s):** \_\_\_\_\_ **Time(s):** \_\_\_\_\_

**PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY PARENT(S) OR LEGAL GUARDIAN(S) BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED PROGRAM/ACTIVITY.**

I/We, the undersigned, wish for my/our Child (hereinafter "Child") to participate in the above referenced program (hereinafter "Program") on the date(s) and location(s) indicated above and, in consideration for my/our Child's participation, I/we hereby agree as follows:

I/We acknowledge, understand, and appreciate that as part of my/our Child's participation in the Program there are dangers, hazards, and inherent risks to which my/our Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I/We further realize that participating in the Program may involve risks and dangers, both known and unknown, including but not limited to my/our Child's exposure to human cadavers and organs, and have elected to allow my/our Child to take part in the Program. Therefore, I/we, on behalf of my/our Child, voluntarily accept and assume all risk of injury, loss of life, or damage to property arising out of training, preparing, participating, and traveling to or from the Program.

I/We, on behalf of my/our Child, hereby release the State of Ohio, Wright State University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Program Staff, and all other officers, directors, employees, volunteers and agents (hereinafter "Wright State University") from any and all liability as to any right of action that may accrue to my/our heirs or representatives for any injury to my/our Child or loss that my/our Child may suffer while training, preparing, participating, and/or traveling to or from the Program. This agreement is binding on my/our heirs and assigns.

I/We, on behalf of my/our Child, furthermore release, indemnify, and hold harmless Wright State University from and against any and all liability, actions, debts, claims, and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my/our Child may suffer, for which my/our Child may be liable to any other person, that may or does arise out of my/our Child's participation in the Program. I/We understand that Wright State University accepts no responsibility for my/our Child's personal property.

I/we hereby certify to Wright State University that my/our Child has no known medical problems or conditions that would prevent him or her from participating in the Program. In the event of an accident or serious illness, I/we hereby authorize representatives of Wright State University to obtain medical treatment for my/our Child on my behalf. I/We hereby hold harmless and agree to indemnify Wright State University from any claims, causes of action, damages, and/or liabilities, arising out of or resulting from said medical treatment. I/we acknowledge that Wright State University does not provide health and accident coverage to Program participants and that my/our Child has adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to Participant. I/We further agree to accept full responsibility for any and all expenses, including medical expenses, that may derive from any injuries to my/our Child that may occur during his/her participation in the Program.

This RELEASE shall be governed by and construed under the laws of Ohio.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I/we have provided is disclosed accurately and truthfully. I/We have been given ample opportunity to read this document and I/we understand and agree to all of its terms and conditions. I/We understand that I am/we are giving up substantial rights (including my/our right to sue), and acknowledge that I am/we are signing this document freely and voluntarily, and intend by my/our signature(s) to provide a complete and unconditional release of all liability to the greatest extent allowed by law.

My/Our signature(s) on this document is/are intended to bind not only myself/ourselves and my/our Child but also the successors, heirs, representatives, administrators, and assigns of myself/ourselves and my/our Child.

**INFORMED CONSENT, VOLUNTARY WAIVER,  
RELEASE OF LIABILITY & ASSUMPTION OF RISKS FORM**  
*(Continued)*

**PARTICIPANT INFORMATION**

**Participant name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State ZIP** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Date of birth** \_\_\_\_\_

**High school** \_\_\_\_\_

**Graduation year** \_\_\_\_\_

**A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 18.**

**Participant name** \_\_\_\_\_

**Participant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian name** \_\_\_\_\_

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian name** \_\_\_\_\_

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

