

VISITING TEAM ASSUMPTION OF RISK

Visiting President's Name _____

Visiting School _____

Sport Club	Visiting President's Email Address	
Date/Location		
	pate in the following University of Toledo Sport (risks, such as physical person-to-person contact,	
indoor and outdoor facilities.	, , , , , , , , , , , , , , , , , , , ,	, , ,
In consideration of the University of To	oledo's efforts on our behalf, we do hereby volur	ntarily assume all risk of death, accident,
injury, damage and/or loss to ourselves o	or our property which may arise out of our partic	ipation in the said program. We also
hereby release and discharge the State of	f Ohio, the University of Toledo and all University	of Toledo officers and personnel, paid or
volunteer, associated or connected with t	the said program for every claim, liability or dam	age of any kind caused by the negligence of
the State of Ohio, The University of Toled	lo, personnel involved or otherwise which may re	esult from our participation in the said
activity.		
We further hereby represent that we d	lo not have any medical impairment, disease, ph	ysical liability or injury which would prevent
our participation in the said program and	that we have medical insurance that covers our	participation. We voluntarily choose to
participate in the activities of this Sport C	Club Program.	
Name (Please Print)	Signature	Student ID #
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Name (Please Print)	Signature	Student ID #
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