

Denison University
Non-Student Release Form

Whereas, the undersigned, _____ (name) hereafter called "Participant" desires to have the privilege of participation in the _____.

Therefore, it is agreed as follows: That in consideration of Denison University, Granville, Ohio, allowing, subject to its rules and regulations, _____ (participant name), the undersigned on behalf of themselves and guardian or parent, if under 18, do hereby voluntarily assume all risks of accident or damage to the person or property of the participant in said project and do hereby release and discharge Denison University, and its agents, from every claim, liability or demand of any kind however caused for or on account of the personal injury or damage of any kind sustained by said participant while participating in said project.

The participant further promises to indemnify and forever save harmless Denison University or its agents from every claim, liability or demand of any kind however caused, for or on account of the personal injury or damage of any kind sustained by said participant, if enrolled in said project.

In the event of an accident, the participant's personal medical coverage should respond. Additionally, if a claim is made against the participant of a personal liability nature or for private individual activity not a part of the formal program, personal homeowners and/or renters insurance should respond.

It is expressly understood that if said individual is permitted to participate in said project that such participation is subject to the rules and regulations of Denison University and that said individual is subject to the controls exercised by the professors or persons in charge of said project.

Date this ____ day of _____, 200__

Participant's Signature

Parent's Signature (if participant is under 18)

Please provide the following insurance information:

Insurance Company Name: _____ Address: _____

Policy Number: _____ ID Number: _____

In case of emergency, illness requiring an operation, or if the parents cannot be quickly reached, will you leave the decision to the physician and the professors in charge? Yes ____ No ____
(if no kindly explain on the reverse side of this sheet).

Parents may be reached at the following numbers:

Emergency Contact Name(s): _____

Home Phone: _____ Business Phone: _____

Home Phone: _____ Business Phone: _____

Other close relative: Name _____ Phone: _____

A PARTICIPANT UNDER 18 YEARS OF AGE MUST HAVE A PARENT'S SIGNATURE