

## RELEASE OF ALL CLAIMS

I, \_\_\_\_\_, would like the opportunity to volunteer at The Ohio State University, on behalf of its Chadwick Arboretum. As a condition of being allowed to volunteer, I agree to the following:

1. I am duly aware of the risks and hazards which may arise through participation in said activity, and assume any expenses I may incur in the event of an accident, illness, or other incapacity.
2. In consideration of being granted the opportunity to participate in said activity I, for myself, my executors, administrators, and assigns do hereby release and forever discharge The Ohio State University, its Board of Trustees, and their administrators, respective entities, employees, servants, agents, assigns, and officers who arranged, advised or supervised the scheduling or any other function of this activity from all claims of damages, demands, and any actions whatsoever, including those based on negligence in any manner arising out of my participation in this activity.
3. I understand that I am serving as a volunteer rather than as a University or Department employee. In carrying out my volunteer duties, I will comply with all of the rules and regulations of The Ohio State University, its College of Agriculture, and the Chadwick Arboretum.

I represent and certify that my true age is at least 18 years old or, if I am under 18 years old on this date, my parent or legal guardian has signed the Agreement to Release and Indemnify the University on the reverse side of this paper.

**I have read this entire Release, I fully understand it, and I agree to be legally bound by it.**

Participant's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_