

**RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK,
AND WAIVER FOR VOLUNTEERS AND VISITORS**

PARTICIPANT'S FULL NAME: _____

DATE OF BIRTH (MO/DAY/YR): _____

ADDRESS: _____

LOCATION AND SPONSOR OF ACTIVITY: The Ohio State University, Materials Science and Engineering Department, Columbus, Ohio

DATE(S) OF ACTIVITY: **START DATE:** _____ **END DATE:** _____

DESCRIPTION OF ACTIVITY:

Volunteers will be participating in laboratory research or activities including, but not limited to, conducting experiments, analyzing data and/or documenting results of experiments as directed by the faculty supervisor.

Other lab specific activities:

I, the above named participant, am eighteen years of age or older and have voluntarily applied to participate in the above described activity. I acknowledge that the nature of the activity may expose me to hazards or risks that may result in my illness, personal injury, or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my voluntary participation in this activity, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release The Ohio State University, its governing board, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the activity, whether caused by negligence of The Ohio State University, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless The Ohio State University and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the above described activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH, OR DAMAGE TO MY PROPERTY, THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature: _____ Date: _____

Print Name: _____