



# Outdoor Recreational Activity Risk Disclosure Acknowledgement and Waiver

*Please Read Carefully and Sign on the Back*

## **Risk and Release Waiver**

I understand and agree that ***I am a recreational user*** and am using the facility, equipment, participating in an event, and/or having my equipment transported free of charge. I understand and agree that the ***Ohio Department of Natural Resources is not waiving its recreational immunity*** by allowing me to use its facility, equipment, participate in an event, and / or transport my equipment free of charge.

On behalf of myself, my heirs, executors, administrators, and assigns I agree to release the Ohio Department of Natural Resources from any liability associated with my use of its facility, equipment, participation in an event, and/or if there is any damage to my personal equipment during transport or at any other time.

Further, I do hereby understand and acknowledge that:

- It has been disclosed to me that outdoor recreational activities involve ***inherent risks, dangers, and hazards*** to myself and other participants including, but not limited to, inclement weather, dangers with being in water, encounters with animals, and rough terrain that can be difficult to navigate;
- People are seriously injured and die every year from participating in outdoor recreation activities; and
- I am voluntarily participating in the outdoor recreational activity and using any equipment ***"as is"*** and that ***no warranties*** are being extended to me with respect to the facility or equipment.

## **Medical Condition & Consent to Treat**

I represent that I do not have any medical condition that prevents me from participating in this outdoor recreational activity.

In the event of injury or illness, I authorize (on behalf of myself or my child/ward) the Ohio Department of Natural Resources to obtain first aid and/or medical treatment at the nearest and most adequate facility. This release is completed and signed of my own free will and with the sole purpose of authorizing medical treatment in emergency circumstances for myself, or in my absence, for the minor child/ward listed on the back.

## Signature

I have read and understand the foregoing Outdoor Recreational Activity Risk Disclosure Acknowledgement and Waiver. I have read and understand that this document includes waivers regarding **Risk and Release** as well as **Medical Condition and Consent to Treat** and agree to be bound by these terms. I further understand and agree that by signing this instrument as a parent or guardian on behalf of a minor child, I am binding said child to the terms thereof.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

Name(s) of Child(ren) for Whom the Parent or Legal Guardian is Signing:

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

In the event of an emergency, please contact:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_