



For Office Use Only
** COPY AND USE BOTH SIDES **

ALL BEACH/LAND VOLUNTEERS MUST READ, SIGN & DATE

I, _____, acknowledge that by signing this release I exempt the State of Ohio and its employees, Coastweeks Committee members, sponsoring organizations and all other volunteers from liability for personal injury suffered or wrongful death, whether or not negligently caused during any Coastweeks activity.

For and in consideration of the mutual promises made hereby and herein, I voluntarily release, discharge, and relinquish any and all actions or causes of action arising as a result of the activities on the date noted hereunder.

I also release on behalf of myself, my heirs, executors, administrators, and assigns any entity(ies) from any and all causes of action; and further for myself and my heirs, executors, administrators, and assigns, I do hereby release, waive, discharge, and relinquish any action or causes of action which may hereafter arise for myself, and for my estate, and agree that under no circumstances will I or my heirs, executors, administrators, and assigns prosecute, present any claims against aforementioned persons and entities for personal injury, property damage, or wrongful death, whether or not negligently caused.

I, for myself, my heirs, executors, administrators or assigns agree that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against the herein described entities, I shall indemnify and hold it or each of them harmless from any and all claims or causes of action by whomever or wherever made or presented for personal injury, property damage, or wrongful death.

I acknowledge that I have read the foregoing paragraphs, have been fully advised of the potential dangers incidental to engaging in the activity, and am fully aware of the legal consequences of signing this instrument.

I specifically waive any claim or right to assert same in any cause of action, alleged caused of action, claim or demand that has been, through oversight or error, intentional or unintentional, omitted from this release.

PARTICIPANT'S NAME: _____
ORGANIZATION (if any): _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____
E-MAIL: _____

SIGNATURE of Participant: _____ Date: _____
SIGNATURE of Parent/Guardian (if under 18): _____ Date: _____

Return to team captain or event coordinator!