

NON-STUDENT RELEASE FORM

Whereas, the undersigned desires to have the privilege of being affiliated with The Welsh Hills School program during the school year under the sponsorship of Denison University. Therefore, it is agreed as follows:

That in consideration of Denison University, Granville, Ohio, allowing subject to its rules and regulations, the undersigned the privilege of being affiliated with the Physical Education project to be carried out in the city of Granville, Ohio, during the School year, the undersigned on behalf of himself/herself does hereby voluntarily assume all risks of accident or damage to his/her person or property and does hereby release and discharge Denison University from every claim, liability or demand of any kind for or on account of personal injury or damage of any kind sustained by the undersigned while being affiliated with said project, whether caused by the negligence of Denison University, or its agents, or otherwise.

The undersigned further promises to indemnify and forever save harmless Denison University from every claim, liability or demand of any kind for or on account of any personal injury or damage of any kind sustained while being affiliated with said project, whether caused by the negligence of Denison University or its agents or otherwise.

It is expressly understood that if the undersigned is permitted to be affiliated with said project that such affiliation is subject to the rules and regulations of Denison University and that he/she is subject to the controls exercised by the professors or persons in charge of said project.

Dated this _____ day of _____, 2008.

Student's Signature

Parent's Signature (if student is under 18)

In case of emergency illness requiring an operation, if the parents cannot be quickly reached, will you leave the decision to the physician and the person(s)-in-charge? Yes _____ No _____
(If the answer is "no", kindly explain on reverse side of this sheet.) Parents may be reached at the following telephone numbers.

Parent's Home Phone: _____ Business Phone: _____

Other Close Relative (Name/Phone Number): _____

STUDENTS UNDER 18 YEARS OF AGE MUST HAVE PARENT'S SIGNATURE.