

**RELEASE OF LIABILITY AND INDEMNITY**  
**FOR PARTICIPANTS IN REHAB CAMP**  
**campers**

PARTICIPANT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

I hereby forever release, waive, discharge, and covenant not to sue, Nationwide Children's Hospital, Inc., its associates, volunteers, agents, successors, assigns, trustees, all of whom are hereinafter referred to as "Releases" from demands, losses, claims or damages arising from injury to the above-named participant or his/her property caused or allegedly caused, in whole or in part, by the negligence of Releases or otherwise that occurs during programs, events or activities, in connection with REHAB CAMP at RECREATION UNLIMITED, or during any activity approved by Releases.

I HAVE READ THE ABOVE RELEASE OF LIABILITY AND INDEMNITY AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS AND HAVE ACCEPTED/ASSUMED SUBSTANTIAL RISK OF LIABILITY.

I certify, represent and warrant that I am either the above-named participant at or beyond the age of majority, with a legal capacity and cognitive ability to sign this form, or the parent/legal guardian of the above-named participant with the legal authority, cognitive ability, and legal capacity to sign this form on behalf of the above-named participant.

SIGNATURES:

\_\_\_\_\_  
Name of Parent or Guardian  
(if under the age of 18)  
/Participant (if over 18 years of age)

\_\_\_\_\_  
Date

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