

PARENTAL PERMISSION

_____ (student's full name)

has my permission to attend_____ (event name).

I understand that The Ohio State University will not assume any responsibility for any injury or serious illness to students at _____ (event name).

In case the services of a physician are required, I will be responsible for the charges.

I hereby request permission for my child to participate in this activity. In consideration for allowing my child to participate, I, acting for myself and my heirs, executors, administrators and assigns, hereby release The Ohio State University and its Board of Trustees, employees, agents, and programs from any and all liability for losses, damages, injuries, or costs of any kind that may arise out of or that may be related to my child's participation.

Parent/Guardian Signature

____/____/____
Date

Parent/Guardian Name — Print

PHOTO RELEASE

I hereby grant to The Ohio State University permission to interview me and/or use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by The Ohio State University, in perpetuity, and for other use by The Ohio State University.

I will make no monetary or other claim against The Ohio State University for the use of the interview and/or the photograph(s)/video.

Subject's name (print full name) _____

Subject's signature (if adult) _____

Subject's Email address (if adult) _____

Parent/Guardian signature (if subject is a minor) _____

Parent/Guardian Email address (if adult) _____

Address _____

City _____ State _____ Zip _____

Telephone (with area code) _____

Date ____/____/____