



Ohio Wesleyan University Orientation Release of Liability

Complete **TOP** section if student is at least 18 years old
Complete **BOTTOM** section if student is under the age of 18

ADULT PARTICIPANT (student is at least 18) _____
Name (Please Print)

I hereby certify that I am over the age of eighteen and by my signature below, I hereby release Ohio Wesleyan University, its officers, agents, employees, successors, and assigns from any and all liability, not caused directly by negligence of OWU or its representatives, arising out of or in any way related to my participation in Orientation, scheduled for (check one):

___ Orientation #1 June 20-21 ___ Orientation #2 June 23-24 ___ Orientation #3 June 27-28
___ Orientation #4 August 22

If I require medical care while on the above-named trip, I authorize Ohio Wesleyan University and/or its Vice President for Student Engagement and Success/Dean of Students or his agents or employees to contact Dr. _____. If my doctor cannot be reached, I authorize OWU, Public Safety and/or its Student Affairs Staff to present me to the nearest medical facility for medical care without assuming responsibility for payment for same. My insurance carrier is _____ and the policy number is _____.

I have the following chronic illnesses or disorders: _____.
I have with me all necessary medications and directives for treating this illness or disorder.

I will not bring alcoholic beverages and/or illegal medications/drugs to campus, and will not consume alcohol and/or illegal drugs while attending Orientation. Illegal activity and/or violation of any University policy may result in disciplinary action and denial of admission or rescinding an offer of admission.

_____ Date _____ Signature



MINOR (if student is under the age of 18) _____
Name (Please Print)

_____, Participant, a minor for whom I am the parent or legal guardian, has my permission to go on attend Orientation, scheduled for (check one):

___ Orientation #1 June 20-21 ___ Orientation #2 June 23-24 ___ Orientation #3 June 27-28
___ Orientation #4 August 22

In case of an emergency, Ohio Wesleyan University may reach me at the address of _____, or by telephone at (____)____-____, or other parent guardian whose name is _____ at the address of _____, phone number (____)____-____, or if that is not possible, I authorize OWU Public Safety and/or its Student Affairs Staff to take my son/daughter to the nearest medical facility for purposes of receiving medical care with the understanding that I will assume any and all responsibility for same. My insurance carrier is _____ and the policy number is _____. My son or daughter has the following chronic illnesses or disorders: _____. My son or daughter will have with him or her all necessary medications and directives for treating this illness or disorder.

On behalf of my son or daughter, _____, I hereby release Ohio Wesleyan University and its officers, agents, employees, successors, and assigns, from any and all liability arising out of or in any way related to this trip and not arising directly from negligence of OWU and/or its officers, agents, employees, successors and assigns.

Students attending Orientation will not bring alcoholic beverages and/or illegal medications/drugs to campus, and will not consume alcohol and/or illegal drugs while attending Orientation. Illegal activity or violation of any University policy may result in disciplinary action and denial of admission or rescinding an offer of admission.

_____ Date _____ Signature