



Ohio Wesleyan University
Office of Admission
Release of Liability

PARTICIPANT (complete this section IF student is at least 18 years old) \_\_\_\_\_
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 a trip to Ohio Wesleyan University scheduled for \_\_\_\_\_.

If I require medical care while on the above-named trip, I authorize Ohio Wesleyan University and/or its Vice President for Communications and Enrollment or her agents or employees to contact Dr. \_\_\_\_\_. If my doctor cannot be reached, I authorize OWU, Public Safety and/or its Admission 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 non-prescription medications/drugs to campus, and will not consume alcohol and/or non-prescription drugs while visiting OWU. 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 PARTICIPANT (complete 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 the trip to Ohio Wesleyan University scheduled for \_\_\_\_\_. 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 Admission 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.

Prospective students will not bring alcoholic beverage or non-prescription medications/drugs to campus, and will not consume alcohol or non-prescription drugs while visiting OWU. 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