

Permission and Release Form
LIABILITY RELEASE, HOLD HARMLESS, AND INDEMNIFICATION AGREEMENT

MINOR CHILD/PARTICIPANT: (Name, Address, and phone number)

INSTITUTION

Economics Center for Education & Research
The University of Cincinnati
Cincinnati, Ohio 45221

1.0 I hereby give permission for my son, daughter or ward (Child) to participate in the TL2 program and field trips, including without limit snacks and meals provided in connection therewith ("Activity"), and which is to occur on June 14,2010- July 2,2010, and represent that my Child is able, with or without accommodation, to participate in this activity. I fully understand and appreciate the dangers, hazards, and risks inherent in the Activities, in transportation to and from the Activities, and in any independent research or activities that my Child may undertake, which dangers include but are not limited to

2.0 Knowing the dangers, hazards, and risks of such activities, and in consideration of my Child being permitted to participate in the Activity, on behalf of myself, my family, my heirs, and personal representative(s), I, the undersigned, agree to assume all the risks and responsibilities surrounding my Child's participation in the Activity, the transportation to and from the Activity, and in any independent research or activities undertaken in connection with the Activities.

3.0 Moreover, in consideration of my Child's participation in this program and to the maximum extent permitted by law, I individually, and on behalf of my spouse, family, heirs, successors, assigns and personal representatives, HEREBY RELEASE, HOLD HARMLESS, AND FOREVER DISCHARGE the Economics Center for Education & research at the University of Cincinnati, the University of Cincinnati and their governing boards, officers, agents, and employees, and any sponsors to this activity, from any and all liability, damages, losses or injuries (including death) that my Child sustains to his or her person or property or both, including but not limited to any claims, demands, actions, causes of or results from the negligence or carelessness on the participation in the Activity, including transportation to and from the Activity, and any independent research or activities. I further agree to **INDEMNIFY AND DEFEND** Releases from any and all liability, losses, damages or expenses, including attorney's fees, which arise out of, occur during, or are in any way connected with my Child's participation in the Activity, including transportation to and from the Activity, and any independent research or activities.

4.0 I understand that Releasees do not have medical personnel available at the location of the Activity, in transportation to and from the Activity, or on the University of Cincinnati campus. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I agree to be financially responsible for any medical bills incurred by my Child as a result of emergency medical

treatment. I will notify the trip leader in writing if my Child has medical conditions about which emergency medical personnel should be informed or if my Child has any food or beverage allergies. I understand and agree that Releasees assume no responsibility for any injury or damage that might arise out of or in connection with such authorized medical treatment.

5.0 In signing this Agreement, I acknowledge that I have read this entire Agreement, that I understand its terms, that I have had the time and opportunity to read and ask questions regarding the Agreement, and that I have signed it knowingly and voluntarily. I understand that Releasees do not require my Child to participate in this Activity, but I want my Child to do so, despite the possible dangers and risks and despite this Release. I further state that I am fully competent to sign this Agreement, and that I execute this Release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems, which preclude or restrict my Child's participation in this activity, and that I have adequate health insurance necessary to provide for and pay any medical costs that my Child may incur as a result of any injury.

6.0 I further agree that this Release shall be construed in accordance with the laws of the State of Ohio. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

IN WITNESS WHEREOF, I have executed this release this ____ day of _____, 2010.

PARENT OR GUARDIAN OF MINOR CHILD:

Signature

Date

Printed Name

Medical information (including medications or allergies):

Physician name: _____

Insurance name/ID number: _____

In case of emergency contact: _____

at telephone number: _____