PARENT CONSENT, WAIVER AND RELEASE

In consideration of Ashland University’s acceptance of (insert participants’ name on blank line) ________________ as a participant in the program for the period indicated above, and in return for the opportunity to participate in this program, it is agreed that all risks attendant to watching and/or participating in program activities, including, but not limited to bodily injury, are assumed by the participant and his/her parents and/or legal guardian. This assumption is acknowledged, approved, and agreed to by said participant and his/her parents and/or legal guardian as indicated by the signature hereto. Ashland University has insurance that will cover many injuries/accidents that could occur during the program (subject to policy terms, exclusions, conditions, and limits) but only as excess coverage after parent and/or legal guardian insurance has paid.

I hereby certify that the above named participant is physically able to participate in the program and that I know of no physical impairments which would in any manner limit his/her participation in such a program. I hereby grant permission for physicians, dentists, other licensed health care providers and their designees employed or directed by Ashland University to administer outpatient medical, surgical, or dental services; to perform emergency procedures; or refer to other duly licensed medical personnel when necessary.

In consideration for honoring the participant’s request to participate in the above activity, I, for myself, my executors, administrators, and assigns, do hereby release and forever discharge Ashland University and its Board of Trustees, its respective entities, administrators, faculty members, employees, agents, and students from any claims that I might have myself or could bring on the participants’ behalf with regard to damages, demands, or any actions whatsoever, including those based on negligence or failure to supervise, in any manner arising out of the participant’s participation in this activity. I also hereby agree to save, hold harmless, and indemnify Ashland University, its Board of Trustees, and/or its respective entities, administrators, faculty members, employees, agents, and students against any and all claims, including claims of negligence or failure to supervise, which the participant might bring against them as a result of his or her participation in the above activity. I recognize that this Release means that I am giving up, among other things, rights to sue the University or its Board of Trustees, its respective entities, administrators, faculty members, employees, agents or students for injuries, damages or losses that my child may incur.

MEDICAL INSURANCE INFORMATION:

<table>
<thead>
<tr>
<th>COMPANY NAME</th>
<th>PHONE#:</th>
<th>GROUP#:</th>
<th>ID#:</th>
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MEDICAL HISTORY, IF PERTINENT (INCLUDING, BUT NOT LIMITED TO, INJURIES, SURGERIES, ALLERGIES) Write “NONE” if Not applicable:

MEDICATIONS Write “NONE” if Not applicable:

OTHER SPECIAL CONSIDERATIONS (E.G., DIETARY NEEDS) OR ACCOMMODATIONS Write “NONE” if Not applicable:

PARENT OR LEGAL GUARDIAN’S SIGNATURE:

EMERGENCY CONTACT INFORMATION

<table>
<thead>
<tr>
<th>PARENT/GUARDIAN NAME</th>
<th>PHONE#:</th>
</tr>
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DATE: