

**Authorization for Medical Treatment, and Waiver and Release of Claims,
for Minor Participant of: FJM Summer Clinics**

In consideration for permission to participate in activities at and to access the property and facilities of Wright State University, 3640 Colonel Glenn Highway, Dayton, Ohio 45435, I, _____, the parent/guardian of _____ (hereinafter, "Participant"), hereby agree to indemnify, defend, and hold harmless the State of Ohio, Wright State University, its Board of Trustees, and its officers, directors, employees, volunteers, agents, affiliates, and all others who could be held liable (collectively, "Wright State University") from and against any and all claims, causes of action, lawsuits, losses, costs, damages, expenses (including, but not limited to, attorneys' fees) and liabilities due to any injury to or death of any person, or damage to or loss of any property, arising out of or related to Participant's participation in such activities. I also hereby specifically agree to waive and release any and all claims against Wright State University arising out of or related to any such activities.

I certify that, to the best of my knowledge and belief, Participant has no known medical problems or conditions that would prevent him/her from participating in the above-referenced program or activities at Wright State University. I hereby authorize Wright State University and/or its authorized agents or emergency medical personnel to furnish emergency medical services and/or secure emergency medical treatment, including but not limited to transport and admission to a hospital or other health care facility, for Participant as deemed necessary. I acknowledge that Wright State University does not provide health or accident insurance coverage to participants. I agree to be financially responsible for any such emergency medical treatment/services and represent that I have adequate insurance and financial resources to do so. I hereby waive, release, discharge, and agree to hold harmless Wright State University from and against any and all liability, loss, damage, and claims of any nature which in any manner arise from or relate to such services or treatment.

I understand that my child's participation in the above-referenced program or activities is performed under this specific understanding. I have read and understand the foregoing and voluntarily sign this Authorization for Medical Treatment and Waiver and Release of Claims with full knowledge of its contents and significance.

Signed: _____
Participant

Date: _____

Signed: _____
Parent/Guardian of Participant

Date: _____

**This form is required by Wright State University for all FJM Clinics participants attending the Wright State University location and should be completed in addition to the FJM Health Form.*