

University of Toledo
Youth Program/Camp Informed Consent, Voluntary Waiver, Release of
Liability, Assumption of Risks, & Media/Photo/Video Release Form

PROGRAM/CAMP INFORMATION

Program/Camp Name: _____

Date(s): _____ Time(s): _____

Location: _____

PARTICIPANT INFORMATION

Name of Participant: _____

Address: _____ City: _____ State: _____ Zip:

of life or damage to property arising out of training, preparing, participating and traveling to or from the Program. By executing this Release, it is fully understood that my Child may be exposed to COVID-19 and other infections. Similar to other highly contagious viruses, it is understood that it is possible to contract the COVID-19 disease, even60.53 TmID

I, on behalf of my Child, hereby release UToledo from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating Q q 0 0 612 792 re W* n BT /TT0 1 Tf 9.96 0 0 9.96 78.024 687.94 1 Tf 0 0e492 re W* ncuCn 9.96 78.0240