



## Community Leagues Hold Harmless Agreement

**Program:** \_\_\_\_\_ **Season:** \_\_\_\_\_ **Year:** \_\_\_\_\_

I understand that there are risks and dangers inherent in participating and/or receiving instruction in the above listed program. I also understand that in order to be allowed to participate and/or receive instruction in different programs, I must give up my rights to hold Kent State University liable for any injury or damage I may suffer while participating and/or receiving instruction in its programs.

Knowing this, and in consideration of being permitted to participate and/or receive instruction in programs, I hereby voluntarily release Kent State University from any and all liability resulting from or arising out of my participation and/or receipt of instruction in programs. I understand and agree that I am releasing not only the entities set forth in the paragraph above, but also the officers, agents and employees of those entities.

I understand and agree that this Waiver/Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation and/or instruction in programs, except for the acts or omissions of Kent State University, its officers, agents, or employees which are found to be negligent by a court of competent jurisdiction.

I understand and agree that this Waiver/Release applies to personal injury, property damage, or wrongful death which I may suffer, even if caused by the acts or omission of others. I understand and agree that by signing this Waiver/Release, I am accepting full responsibility for any death or personal injury or property damage suffered by me while participating and/or receiving instruction in the above-mentioned program. I understand and agree that this Waiver/Release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children and any guardian for said children.

I understand and agree that by signing this Waiver/Release, I am agreeing to release, indemnify and hold Kent State University, its officers, agents or employees harmless from any and all liability of costs, including attorney fees, associated with or arising from my participation and/or receipt of instruction in the above-mentioned program at Kent State University.

Participant Name: \_\_\_\_\_  
(printed name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_  
(printed name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Team Name: \_\_\_\_\_ League/Division: \_\_\_\_\_

**Department of Recreational Services**  
P.O. Box 5190 • Kent, Ohio 44242-0001  
(330) 672-4REC • Fax: (330) 672-4272 • [www.recservices.kent.edu](http://www.recservices.kent.edu)