

L.I.G.H.T. OF OHIO, INC.

Field Trip/Activity Agreement and Release

In consideration for L.I.G.H.T. of Ohio, Inc. permitting all following participants (including signee below) _____

_____ ("Individual") to participate in the following field trip/activity: _____

_____ ("Activity"), the undersigned, being the Individual or the parent or legal guardian of Individual, will indemnify and hold harmless L.I.G.H.T. of Ohio, Inc., its Board of Directors, trustees, officers, employees, and volunteers, of and from any and all claims whatsoever arising out of Individual's participation in the Activity including, without limitation, any claims due to personal injury or loss or damage to property suffered by Individual.

The undersigned acknowledges that L.I.G.H.T. of Ohio, Inc. cannot guarantee the health or safety of Individual while participating on the Activity.

Should Individual suffer injury or illness while on the Activity, and advance medical consent cannot be obtained from Individual's family, the undersigned hereby authorizes the designated representative of L.I.G.H.T. of Ohio, Inc. to authorize such medical attention for Individual when, in the opinion of competent medical personnel, the health or welfare of Individual will be adversely affected by any delay. The undersigned hereby releases L.I.G.H.T. of Ohio, Inc., its Board of Directors, trustees, officers, employees, and volunteers from any claim arising out of any medical treatment provided to Individual.

The undersigned agrees to bear the costs of all medical care and procedures required in the treatment of Individual. The undersigned also warrants and represents that Individual is covered by medical insurance coverage, and will remain so covered throughout the duration of the Activity.

The undersigned acknowledges that, should Individual fail to keep and obey all rules and regulations prescribed by L.I.G.H.T. of Ohio, Inc., its Board of Directors, trustees, officers, employees, and volunteers, while participating in the Activity, L.I.G.H.T. of Ohio, Inc. may, in its sole and absolute discretion, terminate Individual's participation in the Activity and send Individual home, without refund for the cost of the Activity. Any additional costs incurred by reason of the termination of Individual's participation in the Activity and/or as a result of Individual being sent home will be the responsibility of the undersigned.

I have carefully read this Field Trip/Activity Agreement and Release and understand the terms and conditions of it and agree to be bound thereby. As the Individual or the parent or legal guardian of Individual, I grant my permission for Individual to participate in the Activity, and I further authorize any emergency medical treatment that may be necessary for the health or welfare of Individual.

Date: _____

(Signature of Individual and/or Individual's (s') Parent or Legal Guardian)

Print Name: _____