

Department of Art

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RELEASE OF ALL CLAIMS
CLASS
SEMESTER
INSTRUCTOR
STUDENT NAME

I do hereby acknowledge that in support of the educational activities with The Department of Art, certain equipment is provided which may be used by students, advisor and faculty which, if not used properly, can result in bodily injury to user. I do hereby certify that I have full knowledge and understanding of such risk, that I know how to use the equipment in a proper manner, and to follow all appropriate safety precautions. I also agree to take responsibility for leaving this equipment in the same condition in which it is found in order to ensure its ongoing safe operation.

In consideration of being granted access to the use of the equipment provided by the Department of Art I assume full and complete responsibility for the use of such equipment for the period from Jan. 25, 2021 to April 30, 2021.

I do hereby recognize and acknowledge ART as a proper educational extra curricular activity for those students wishing to participate. This is an activity off the campus to The Ohio State University which may result in risk or personal injury or damage to property. I do hereby certify that I have full knowledge and understanding of such risks, and that I am fully competent to participate in this activity and the use of the facilities and equipment furnished by the Ohio State University in such a proper and safe manner and to follow all appropriate safety precautions. I also agree to take responsibility for participating in this activity and for leaving the equipment and facilities in the same condition in which they are found in order to ensure their ongoing safe operation.

In consideration of being granted the opportunity to participate in this activity and the use of equipment and facilities furnished by or made available to The Ohio State University from January 25, 2021 to April 30, 2021. I assume full and complete responsibility for the use of all facilities and equipment used in conjunction with this activity and assume the risks involved in using the facilities and equipment.

Dated:	
Student Signature	
Student Name PRINTED	