

Van Wert County Council on Aging

220 Fox Rd., Van Wert, OH 45891

Phone: 419.238.5011 Fax 419.238.5054

Year: _____ -- *ASSUMPTION OF RISK / RELEASE OF LIABILITY*

I acknowledge that I am aware that I am participating in a program in which there are certain inherent risks and dangers, including, but not limited to: physical exertion for which I am not prepared; vehicular traffic; road and trail hazards; weather conditions and other forces of nature; illness or accident caused by stress, fatigue, or consumption of food and beverage; accident or illness without access to means of rapid evacuation or availability of medical supplies, any or all of which can lead to serious injury or death.

I further acknowledge that the enjoyment of Van Wert County Council on Aging (hereafter referred to as VWCCOA) sponsored travel involves the assumption of inherent risks and dangers and, as lawful consideration for being accepted for participation in this program, I hereby release and discharge VWCCOA and its agents, employees and board of directors from and against any and all liability arising from my participation in the program.

I agree this Release shall be legally binding upon me personally, all members of my family, and all minors traveling with me, my heirs, successors, assignees, and legal representatives; it being my intention to assume fully the risks of travel and to release VWCCOA from any and all liabilities to the maximum extent permitted by law. I understand that my participation in the VWCCOA Bus Trips is subject to these terms. In the event a legal dispute should arise involving any subject matter whatsoever, I agree that the dispute will be governed by Ohio law.

KNOWING AND VOLUNTARY EXECUTION

I have carefully read and fully understand the contents and legal ramifications of this document. I understand that this is a legally binding and enforceable agreement and sign it of my own free will.

Signature _____ Date _____

Print Name _____