



3495 TUGEND RD. | BUTLER OH | 44822 | 1.800.963.3495 | WWW.OHIODREAMS.COM

RELEASE FORM

In consideration of my and/or my child's or ward's participation in the activities offered and conducted by Ohio Dreams Inc. and Big Ohio Dreams Inc. or their agents, I agree to assume all risks incidental to such activities and hereby waive, release and forever discharge any and all claims for personal injuries, illnesses, property damage and loss by theft, that I may have against Ohio Dreams Inc. or Big Ohio Dreams Inc. and its directors, officers, members, agents, employees, contractors, representatives and volunteers in any way associated with Ohio Dreams Inc. or Big Ohio Dreams Inc. that may arise directly or indirectly, foreseeable or unforeseeable, for my or my child's or ward's participation in camp activities or while on Ohio Dreams Inc. or Big Ohio Dreams Inc. owned or leased property. I understand camp activities involve motion, body control and height and can expose camp participants to a risk of injury including, but not limited to, broken bones or muscle injuries. I declare that I or my child or ward who may be participating in camp activities to be physically capable of participation. I represent I have no knowledge of any physical or mental impairment that could limit participation in camp activities. I further authorize medical treatment at my expense and cost if deemed necessary for emergency treatment. I also expressly grant to Ohio Dreams Inc. and Big Ohio Dreams Inc. or its agents the right to film, videotape, photograph or record the voice of and make any reproductions of my or my child's or ward's name, face, likeness, or voice for use or display in any market whosoever and in any media whatsoever for the purposes for advertising, promoting, publicizing the camp, camp products, licensed products, and all affiliated relationships. This authorization is without compensation. This Assumption, Waiver and Release shall be governed by the laws of the State of Ohio and any legal action relating to or arising from this instrument shall be commence exclusively in the courts of jurisdiction in Richland County, Ohio.

Participants Name _____
Address _____
City, State, Zip _____
Phone _____
Email _____
Birth date/ Age _____

Signature / Date _____
If over 18 _____

Parent/Guardian Signature _____ Date _____