

**Field Trip Release of all Claims Form**

(Print student's name) \_\_\_\_\_ for him/herself, his/her assigns, and anyone claiming through him/her, acknowledges that his/her signature on this Release of All Claims discharges Ohio University, its successors and assigns, its affiliates, directors, officers, employees, and agents, from any and all claims, demands, actions, and causes of action, of every nature, known or unknown for damage to personal property or personal injury, physical, emotional, psychological, reputation, employment, contract, property rights and due process which have or may have arisen from or grown out of, or may be connected in any way with any relation, contract, agreement, or interaction of the above named person with Ohio University concerning and in connection with field trips for (Course [e.g., PBIO 211]) \_\_\_\_\_ during \_\_\_\_\_ Quarter, \_\_\_\_\_ (Year).

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date