COLLEGE OF
VETERINARY MEDICINE

The Ohio State University College of Veterinary Medicine

Academic Visitor Waiver Form

In consideration of permission granted to me by the College of Veterinary Medicine to participate in College programs, I hereby release and hold harmless the College of Veterinary Medicine and The Ohio State University, their agents, employees and officers, from all claims, demands, actions, judgments and executions which I, the undersigned, have had, now have, or may have or which my heirs, executors, administrators, or assigns may have, or claim to have, against the College of Veterinary Medicine and The Ohio State University, their successors or assigns, for all personal injuries, known or unknown and injuries to property, real or personal, caused by, or arising out of, the above described activity.

I, the Undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release at The Ohio State University College of Veterinary Medicine in Columbus, Ohio on _____, _____.
(*Month* *day)* *(Year)*

_____ _____
Name of Visitor (print or type) Signature of Visitor

_____ _____
Name of Witness (print or type) Signature of Witness

_____ _____
Name of Witness (print or type) Signature of Witness

_____
Name of Faculty Sponsor (print or type)