



**RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK,
AND WAIVER FOR PARTICIPATING IN ACTIVITIES**

PARTICIPANT'S FULL NAME: _____

DATE OF BIRTH (MO/DAY/YR): _____

ADDRESS: _____

SPONSOR OF ACTIVITY: The Ohio State University College of Veterinary Medicine

DATES(S): START DATE: _____ END DATE: _____

LOCATION: _____

DESCRIPTION: In order to fulfill the requirements of a Doctor of Veterinary Medicine degree, admitted students are required to participate in courses of instruction that involve handling animals. Participation in these courses of instruction carry certain inherent risks, such as exposure to rabies, which cannot be eliminated regardless of the care taken. Students enrolled in The Ohio State University College of Veterinary Medicine are expected to undergo a series of three doses of rabies vaccine or to have blood drawn to measure titers in the first year and to have blood drawn to measure titers in the third year. If the titer is not considered adequate for prevention, booster doses may be required.

I, the above-named participant, have voluntarily chosen to participate in the above described activity. I choose to decline vaccination for rabies. I understand that, if in the course of instruction, I am exposed to an animal suspected of rabies I will, at my own cost and expense, seek medical post-exposure treatment. I hereby accept all risk to my health and of any injury that may result from such participation and I hereby release and hold harmless The Ohio State University, the College of Veterinary Medicine, and their Trustees, boards, officers, employees and representatives from any liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of actions for any and all illness or injury to my person that may result from or occur during my participation in the activity, whether called by negligence of The Ohio State University, the College of Veterinary Medicine, and their Trustees, officers, employees, or representatives or otherwise. I further agree to hold harmless The Ohio State University, the College of Veterinary Medicine and its Trustees, boards, officers, employees, and representatives from liability for the injury of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the above described activity.

I understand that before participating in an off-site required educational experience, I will be required to provide information to the rotation that I have declined vaccination for rabies.

Signature of Student

Date

Printed Name

Class of ____