

Informed Consent Agreement

Augustana College

Department of Campus Recreation & Sport Clubs

I, the undersigned, hereby acknowledge that certain RISKS OF INJURY are inherent to participation in sports, exercise, and recreational activities. These types of injuries may be minor or serious and may result from one's own actions, or the actions or inactions of others, or a combination of both. I also understand that it is my responsibility to become knowledgeable about and how to minimize or prevent the risks associated with the activities I choose to participate in. I understand that there is a very remote possibility (e.g., accident) that I might be exposed to bodily fluids (i.e., blood), which may contain the Hepatitis B agent or HIV virus. Please notify the instructor immediately for instructions in dealing with this situation.

I, the undersigned, understand that the RULES AND REGULATIONS are designed for the safety and protection of participants, and hereby undertake to abide by these rules and regulations.

I, the undersigned, understand that certain activities require a minimum LEVEL OF FITNESS AND HEALTH (physical, mental and emotional) and that each person has a different capacity for participating in these activities.

I hereby warrant being physically fit and possessing adequate health to participate, and understand that the choice to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities, and understand it is my responsibility to obtain medical clearance if there is any doubt in my mind as to my health and fitness status.

I agree that AUGUSTANA COLLEGE and/or its employees/agents shall not be liable for any injury to my person or loss or damage to my personal property arising from—or in any way resulting from—participation in these activities, UNLESS such injury, loss or damage is caused by sole negligence of the College or its employees/agents while acting within the scope of their duties.

NAME _____ SOCIAL SECURITY _____
(Please print)

OR (CIRCLE ONE)

INTRAMURALS CLUB INFORMAL RECREATION CONTRACTED PROGRAM

I declare having read and understood the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate, acknowledging all of the foregoing.

PATRON SIGNATURE DATE _____

(Complete where participants are less than 18 years of age) Name _____ Age _____

As parents (or legal guardians) of the above named minor participant, I do hereby consent to said student's participation in the use of Augustana College facilities/programs. In doing so, on behalf of myself, the participant and his/her heirs, personal representatives and assigns, I waive and release all rights or claims we may have against Augustana College and its affiliates, including, specifically, the Department of Campus Recreation, for any and all injuries, ailments or other consequences suffered by participant as a result of his/her participation.

PARENTAL/LEGAL GUARDIAN SIGNATURE DATE _____

EMERGENCY INFORMATION

Please provide the name and telephone number of a person to contact in case of an emergency.

NAME _____ CELL PHONE NUMBER _____
(Please print)

If there is any health condition (diabetes, epilepsy, etc.) or medication the instructor should be aware of in case of an emergency, please list it below or on the back of this sheet.